PROVISION OF HEALTH CARE TO ELIGIBLE VETERANS RESIDING IN THE PANHANDLE OF WESTERN FLORIDA

HEARINGS

BEFORE THE

SPECIAL SELECT
SUBCOMMITTEE ON OVERSIGHT

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

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PROVISION OF HEALTH CARE TO ELIGIBLE VETERANS RESIDING IN THE WESTERN PANHANDLE OF FLORIDA

FRIDAY, MAY 3, 1985

HOUSE OF REPRESENTATIVES,
SPECIAL SELECT SUBCOMMITTEE ON OVERSIGHT,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The subcommittee met, pursuant to notice, at 9:30 a.m., in the auditorium, Okaloosa-Walton Junior College, Niceville, FL, Hon. Dan Mica presiding.

Present: Representatives Mica, Hutto, and McEwen.

OPENING STATEMENT OF HON. DAN MICA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. MICA. Good morning, the subcommittee will come to order.

It is a great pleasure to welcome you here to this special select subcommittee meeting and to be here in this part of this beautiful State of Florida. Before I say another word, let me offer a special thank you to Dr. Ed McCracken and his secretary who assisted in the arrangements here, Carolyn Locke.

You have done a magnificent job. When I got here I thought it was a country club, not a community college. It is beautiful. We would love to have it in our part of the State and we thank you for the hospitality and the arrangements that you have provided here today.

My name is Dan Mica. I am a Member of Congress from West Palm Beach, FL, and I have been a member of the Veterans' Committee in Washington for the past 7 years. I am proud to be one of the ranking Democrats on that committee and I must say it was lonely. For 5 years I was the only Floridian in Congress on the Veterans' Affairs Committee.

So I am pleased to be here. I was elected some 7 years ago with my good friend Earl Hutto, who helped focus some of the attention in Washington on this very critical issue. Our chairman of the full Veterans' Affairs Committee is Congressman G.V. "Sonny" Montgomery, from Mississippi. He asked me to conduct this hearing on this very important issue here today.[1]

Before we go much further, I would just like to take a moment and make a few introductions and set a few ground rules, if I may.

[1] The prepared statement of Hon. Dan Mica appears on p. 45.

With this many people here, if we gave everyone in the room 5 minutes, we would be here until next week, so we cannot do that. Here is how we will proceed.

First, several people have come up to me and indicated that they have a personal problem with a check or a payment or an appeal that is pending. There are representatives in the room from the congressional offices in this area. Of course, Congressman Hutto's assistants are here and if you have that personal problem, please feel free to take them aside in the back of the room and say hello and tell them about it.

Earl, would some of your people raise their hands? If you have an individual problem, please see Carol. Where is Carol, or Gene? They are right there in the back of the room if you are from Congressman Hutto's district.

Now, Congressman Fuqua has in the audience Don Allen. Don, where are you?

We are very pleased—this is Don Allen, and there is a gentleman looking for you, Don. We are very pleased to have you and I might say that we have word from Congressman Fuqua that he would like the record to show that he does fully support Congressman Hutto's position on this matter.

Also, Dean Fenn from Senator Chiles' office. Dean, where are you? They are all back in the same corner of the room there, and, Dean, there is someone looking for you here this morning. I might say, that at the appropriate point in the record we will have a statement to submit from Senator Chiles.[1] We appreciate your bringing it here this morning and without objection, that will be entered into the record.

The next point I would like to make is about time. We have this room reserved until noon. Obviously, that gives us limited time for each of the speakers. We have a timekeeper.

Where is our timekeeper? The timekeeper, Pam, would you raise your hand? She is going to let us know when 5 minutes expires so that we can get all of our witnesses in here this morning.

Unfortunately, we cannot hear everyone in the room. We are making a few adjustments, but we are attempting to be as fair and reasonable as possible and 5 minutes for each of the groups and each of the individuals who will be speaking we think would be appropriate.

All of their testimony, every word of it, will be submitted in the record, so when they come before us they can summarize and we will put the entire statement in the record. I will, as we close the hearing, at the appropriate time, make this announcement, but let me tell you in advance.

If any of you have a statement or a comment or would like your feelings put in the record, I will make a motion at the end of this hearing to keep the official record open for 10 days and you will be able to submit through Congressman Hutto or Fuqua or Senator Chiles or directly to the Veterans' Affairs Committee any comment you wish to make. It will be made a part of this official hearing record.

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[1] See p. 51.

Now, let me make one more point as I look around here. As the senior member of the Veterans' Affairs Committee from Florida, I have visited every single VA hospital in the State of Florida, held numerous hearings, and I must say, Congressman Hutto, this is the largest audience I have ever seen in the State of Florida on a VA issue. [Applause.]

It obviously shows the tremendous interest in this issue. Let me just read a few comments here and I will summarize.

I, again, want to thank everyone for the hospitability they have shown the committee since we have arrived in town last night and I am particularly grateful to our ranking minority member here today, Congressman Bob McEwen, from Ohio, who is seated to my right. He has done a tremendous job on the Veterans' Affairs Committee.

I am always telling him about Florida. I tell him there are two kinds of people in America, those who live in Florida and those who wish they could, and that is part of our VA problem. We have so many coming to Florida that we are having trouble meeting their needs. But he has been a strong advocate on the Veterans' Affairs Committee as a ranking Republican working very hard trying to reach the same goal that we are, and that is adequate, effective health care for all of our Nation's veterans.

I think the fact that he would come here today, a long way from his home State of Ohio, indicates his concern and support for our goal. Certainly, I do not want to miss in any way your own Congressman, Earl Hutto, who is seated to my left. Earl and I were elected to the Congress together some 7 years ago, and I just must say, and it is not in the script here, you have one phenomenal Congressman, hard working and dedicated. [Applause.]

And I can tell you a story after this hearing about how he took an issue that was so important to this area and literally, just by pure hard work, amazed every veteran in the Congress by winning passage. He called on every one of them, one at a time, and that did the job.

Also, when I introduce Earl in a moment, he will introduce a gentleman to my far left that everyone in this room knows better than any of us, Congressman Bob Sikes. [Applause.]

Earl does have a statement and I will call upon him in just a moment to make his statement, but I would just like to point out, as I indicated, that I have had a long and vital interest in the quality of health care for Florida veterans.

I might say, and I do not mean to toot my own horn here, but I authored the legislation 7 years ago that required the 30-year study.

It is that 30-year study that identifies a possible site in this area for a new hospital. I have been involved, long before my election to the Congress, in looking at the problems of veterans' needs in Florida. I have informed my colleagues, Congressman McEwen and the others on the Veterans' Affairs Committee, so many times over 7 years that when I go like "this" they know that I am about to say "5,000 veterans a month move to Florida." In 7 years, there has not been a committee meeting at which I have not mentioned that 5,000 veterans a month are moving to Florida.

It has gotten to the point where if I do not say it, somebody else stands up and says "5,000 a month." So the influx has created some problems and concerns and an overwhelming strain on our health care system and, of course, it is not just limited to veterans.

I call Florida a "catch-up" State, and not the tomato catsup, but we are trying to catch-up on all services, roads, and schools, veterans affairs, facilities—veterans facilities, social security facilities, you name it. With our growth, we are always going to be trying to catch up and it was not until a few years ago, until we had folks like Earl Hutto in Washington, that we really focused the attention on what was going on down here in Florida. I must tell you that before that time, there was no idea of the explosion in growth we had right here in Florida.

I mentioned the study. I might say, and you are fully aware of this, that the study recommended four hospitals in four different parts of the State and that study was subsequently reviewed in this area to site a hospital and the recommendations have been made—Fort Walton Beach, Panama City or Pensacola.

The tasking of the Medical District 10 included a survey of the local Department of Defense facilities for possible sharing of the facilities to meet the projected needs of our area veterans.

Today we will hear testimony from various civic and governmental authorities, State leaders of the Veterans Service Organization, the Department of Defense officials and Veterans' Administration representatives concerning the medical needs of panhandle veterans. We hope to obtain firsthand knowledge which will strengthen the data and recommendations in Medical District 10 and in that report, we hope also to include the details concerning the three Department of Defense facilities located in this area.

I would like to indicate that we also will hear any views from an Alabama contingent regarding the use of the proposed use of the Providence Hospital in Mobile. We are going to offer a hearing to all sides in this issue here.

Let me just close by introducing a few special individuals who I know are here this morning. Finally, we may have had one change. Somebody help me if I do not have them all here.

Kathryn Bagley from the city of Fort Walton Beach, are you here?

Welcome, glad to have you. [Applause.]

Mayor Tom Pryor from the city of Mary Esther. [Applause.]

Mayor Jerry Milligan from the city of Crestview. [Applause.]

And Mayor Kathleen Bowman from the town of Shalimar. [Applause.]

Mayor Milligan, I understand you may wish to make a comment. If so, we would welcome you to just come up briefly right now.

STATEMENT OF HON. JERRY MILLIGAN, MAYOR, CITY OF CRESTVIEW, FL

Mr. MILLIGAN. Thank you, Mr. Congressman.

I appreciate the time and dedication that is shown by you Congressmen and your staffs in being in Okaloosa County for a hearing on this vital issue.

I have talked with a number of the representatives of veterans organizations. I believe the need will be very adequately demonstrated as the hearing proceeds. I would, however, at this point like to stress that the people of Crestview and Okaloosa County are fully behind this and there is property available centrally located near I-10 in Crestview for this purpose that will be donated. Thank you.

Mr. MICA. Thank you. [Applause.]

Now, I would like to take a moment to call on my ranking minority member for this hearing, Bob McEwen from Ohio, who, as I indicated, has a tremendous interest in veterans affairs and our needs.

OPENING STATEMENT OF HON. BOB McEWEN

Mr. MCEWEN. Thank you very much, Mr. Chairman, and thank you, Congressman Hutto, for arranging for this select subcommittee to meet here in Niceville and to assess the health care for veterans of this area.

Mr. Chairman, as has been pointed out, there is never a time that we meet but what you do not reemphasize the need in Florida as a result of the 5,000 veterans that come to this great State each month. You have also mentioned how this has created and will create special problems for this State and this has certainly been brought to our attention not only for our committee but for the entire Congress the dramatic impact this has on the Panhandle of Florida, as a result of efforts of Congressman Hutto.

In addition to what I learned from both of you, I am pleased to tell you that I have some personal knowledge of this State and I am glad to say that I am a graduate from the University of Miami and support its Hurricane football team against all others.

I will also point out that I recognize the special needs of this State. While Florida already has five VA hospitals and about 15 associated outpatient clinics, plans are contantly being pursued and updated to expand VA medical services throughout the State. Those plans are both short and long-range and include services for the panhandle area. I am pleased that this is so—as far as I am concerned, has been brought to our attention effectively by your Congressmen and will be done so today as well.

Mr. Chairman, we are all aware of a need for a new hospital to serve this medical district. A recent hearing on this issue was held in Mobile, AL. At that time considerable focus was upon the possibility of VA immediately acquiring an existing hospital in that city to serve not only the Mobile area, but also the Florida Panhandle and other areas.

The witnesses at that hearing from Alabama, according to my information and having read the transcripts of the hearing, quite naturally testified in support of this proposal.

Other witnesses, however, disagreed and urged with a considerable degree of passion that this general area where we meet today is more equitable for the majority of veterans throughout this portion of our Nation, southwest Georgia, southern Alabama, northwest Florida, as a possible VA hospital site.

For my part, Mr. Chairman, I want to learn as much as I can about this matter in order to do what is best for all veterans. The VA, of course, has the primary responsibilty for the site selection for the hospitals, but the Congress, and particularly our House Veterans' Affairs Committee, has a very specific role to play in terms of construction authorization, appropriations and the general oversight of their selection.

I want us to fulfill that role in a very responsible way and I know that both you and Congressman Hutto share that objective. In this connection, when the Alabama hearing was held, the chairman of the meeting stated that he wanted only to serve the best interests of the veterans of America.

I associate myself with his remarks. I believe that all of us want to do what our—for our part, what is best, what is prudent and what is responsible and to that end I have come to this hearing.

Mr. Chairman, let me just say in closing in the shadow of a great defense installation at Eglin that I believe there is no greater responsibility for the Congress, no higher calling or purpose for our National Government, than the care and maintenance of our Nation's freedom and those who have kept it free.

Again, Mr. Chairman, I appreciate the opportunity to be back in Florida and to be here on such an important occasion. I am anxious to hear from our witnesses and to learn as much as I possibly can about this issue. It is an honor to be not only in your State, but with you, as well.

[The prepared statement of Mr. McEwen appears on p. 46.]

Mr. MICA. Thank you. If I may take a liberty before I introduce again your Congressman Hutto, I would like to introduce the gentleman on my immediate left, Mr. Jack McDonell. Jack is our Chairman Sonny Montgomery's eyes and ears here today.

Let me tell you folks you not only have to convince the Congressmen here, but watch Jack's eyes for his reaction. He will be very helpful when he goes back and tells Congressman Montgomery what we have heard here today.

Mr. MCDONELL. Thank you.

Mr. MICA. I understand we have Mayor Randy Weiss of Niceville here. Mayor Weiss, are you here?

We welcome you and if you have a statement or a representative of the mayor has a statement, of course, it will be included in the record.

I would like to again introduce to you someone who I think is just a great gentleman, who has been an inspiration to me in my service in the Congress and who has done a phenomenal job in representing your interests in Washington, Congressman Earl Hutto. [Applause.]

STATEMENT OF HON. EARL HUTTO, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. HUTTO. Thank you very much, Mr. Chairman, for your kind words. It is a good thing that we did not advertise this too much, is it not? We might not have been able to hold the people.

I want you to know, veterans, that I am very proud of you and all the community leaders who are supporting this effort and ap-

preciate the fact that all of you are here with us today to show our concern for the health care of the veterans and the need for the Veterans' Administration Hospital in this area.

I, too, would like to add my thanks to Dr. McCracken and his staff at Okaloosa-Walton Junior College. I do not think we could have a better facility, a better location to hold a congressional hearing.

Also, I would like to thank the chairman of the House Veterans' Affairs Committee, Chairman Sonny Montgomery, for his willingness to hold this hearing here in northwest Florida and, Mr. Chairman, Dan Mica, my good friend, who as he has pointed out—we were elected together for the first time in 1978 and he has been a good friend and a staunch supporter of veterans activities and as he outlined earlier, he is responsible for the 30-year study which is the basic document that we need for serving the veterans of the State of Florida. And to another neighbor—literally he is right across the hall from me in the Cannon Building in Washington—Bob McEwen, of the Veterans' Affairs Committee, I appreciate so much both of you being here with us today.

I believe that we all have a common goal in mind and that is to use foresight and good judgment in determining what type of health facility would serve the needs of both Florida and Alabama veterans.

Since we are here to listen to the veterans speak, I will keep my remarks brief and emphasize the key points which make northwest Florida the logical choice for the location of a Veterans' Administration Hospital.

Veterans' Administration statistics show us that by sheer numbers, northwest Florida is the growing area of veteran population. Currently, south Alabama and south Mississippi together have 102,000 veterans, but the prediction is that their population will decrease in the next 20 years, while Florida's number will increase. West Florida now has nearly 100,000 veterans with a boom in progress and a conservative prediction that this area will be home to 110,000 veterans by the end of the century.

It is no surprise to me why Florida's veterans population is growing by leaps and bounds. Without a doubt, our beautiful beaches and temperate climate draw veterans from all parts of the country to this area for their retirement.

Many military men and women, who have occasion to perform a tour of duty here, decide to retire here. These people are severely disappointed when they discover that there is not a VA Hospital nearby. Our veterans. must drive 3 to 4 hours to reach either Montgomery, Biloxi, or Gainesville to take advantage of a VA facility, and this is an added expense and inconvenience for which these honored heroes did not bargain when they agreed to serve our country.

I realize that aside from looking at growth statistics, there is another consideration before us today. The President made an appeal last week to all Americans to reduce the deficit. I share the President's grave concern and feel very strongly about our budget situation, but foolhardy decisions in the name of budget reduction are not the answer. As you may guess, I am speaking of the controversy surrounding the purchase of Providence Hospital in Mobile.

For three primary reasons I am convinced that the purchase of Providence Hospital would not be prudent. First, Providence Hospital is not the proper facility to meet the recommendations of the "medical district initiated planning process", known as MEDIPP, study.

The $69,000 per-bed cost of utilizing Providence is very deceptive. It is simply a division of the number of licensed beds by the overall $24 million for the purchase of the hospital. This figure does not include equipment costs or the extensive renovation which would have to be performed before the hospital could be used.

Second, the VA has reported that there is no urgent need for a medical facility in Mobile because of its proximity to the Biloxi, MS, VA Hospital. It is 63 miles from Mobile to Biloxi, or about 1 hour's drive. One hour is substantially less than the 5—4 or 5 hours it takes to drive from—or 5 hours really from Panama City to Gainesville.

Third, and finally, $80 million worth of construction and renovation is being performed right now at the Biloxi Hospital. This is taxpayers' money that has already been appropriated and will be spent to improve that fine facility. To spend this money and then turn right around and undermine the utilization of the facility by purchasing Providence Hospital is utterly irresponsible.

Before closing, I would like to remind all members of the committee that the Veterans' Administration is a reputable agency. It has a highly qualified staff who use the MEDIPP form of evaluation to guide an overall plan of serving veterans' needs. I respect the fine work that the VA does for our country's veterans and urge all of you to match its level of commitment by locating a new hospital in northwest Florida.

I am grateful to all the men and women who fought in our Nation's wars, and I am dedicated to seeing that our decision is in the best interest of those whose lives it will affect, the veterans, and I am grateful for your coming, grateful for the opportunity to testify.

[The prepared statement of Mr. Hutto appears on p. 47.]

Mr. HUTTO. Now, Mr. Chairman, I would like to introduce the man who, as you say, needs no introduction, Congressman Bob Sikes, who faithfully served Florida's first and finest district for some 38 years. I do not see how he did it.

He has got many miles on those legs because I can tell you we do a lot of walking up in Congress going from our offices to the Capitol to vote, and 38 years, I do not see how he did it.

But anyway, during those years of service he has been very attentive to the health care needs of our veterans and it is with a great deal of pleasure now that I introduce to you Hon. Bob Sikes. Bob. [Applause.]

STATEMENT OF HON. BOB SIKES, FORMER MEMBER OF CONGRESS FROM THE STATE OF FLORIDA

Mr. SIKES. Thank you very much indeed. The reason that you west Florida Crackers see me up here is this just might be the beginning of my second half century in public life. [Laughter.]

I am deeply grateful for the fact that Congressman Hutto has made it possible for this meeting to be held. I am grateful, as you

are, for the select subcommittee from Washington, Congressman Mica, Congressman McEwen, their staff and my special thanks to Sonny Montgomery. I served for a long time with Sonny and I know what outstanding work he has done for America during his years in Congress.

I think the situation has been very well stated. We need a veterans' hospital in west Florida. The veterans population here is exploding, growing fast. Everyone knows that we now have approximately as many veterans in west Florida as in south Alabama and south Mississippi combined.

Here is where additional facilities are required. In all respect to my good friends in Mobile and south Alabama, and I dearly love them, they have been great friends of mine, they know, as I know—they can't admit it, they know as well as I do the Government is not going to take any secondhand hospital and then spend about as much refurbishing it as they would building a new one. I am sorry, gentlemen, but that is the size of it. [Applause.]

We want to help you in any way that we can except give you our hospital. We need the hospital. Our veterans have had to travel long distances and have to wait and wait and wait at overcrowded facilities when they reached their destination before they could get attention.

Now it is time to turn this story around and start construction on the kind of hospital that has long been required. As my distinguished friends on the subcommittee and as Congressman Hutto well knows, there are times when Congress has to needle the agencies of Government to be sure they are doing their job, doing the things that need doing and I respectfully urge that this fine group go back to Washington and start needling the Veterans' Administration and their colleagues in the Congress to give us that hospital without any further delay. [Applause.]

We welcome our good friends from south Alabama to come and use our hospital any time. [Applause.]

I want to say again we are very, very appreciative of the fact that you are here, the fact that the need has been delineated, spelled out, that there should be a new hospital. Now is the time to get on with the job and get it done.

Any point in west Florida for a hospital site would probably be preferable to our present condition of long travel and long waits when you get to the destination, but I feel and most of you here today realize that Okaloosa County is the logical place because we are the fastest growing veterans area in the State of Florida and one of the fastest growing in the Nation.

We say that Okaloosa County is the proper site for the new hospital and there are a number of good locations here in Okaloosa County. Fort Walton Beach has been mentioned many times. Niceville and Valparaiso are wonderful areas.

I must say that Crestview offers proximity—close proximity to Interstate 10, and to an airport and is not overcrowded. There is plenty of room for growth, and choice acreage is available for a hospital site. Crestview earnestly seeks your very special consideration as the site, but anywhere in Okaloosa County is going to be great. Anywhere in west Florida is going to help and let us just get on with the job.

Thank you again, gentlemen. [Applause.]

Mr. MICA. Thank you very much, Congressman Sikes. Let me just say that this is not a part of my written introduction, but I was just so impressed not only to meet this individual but to find somebody who has been in politics longer than Bob Sikes that I am going to introduce the young lady I met as I came in here today, Hon. Jessie Alma "Granny" Edge, commissioner from Niceville. [Applause.]

Thank you for your advice. Thank you. She has been great.

Mr. HUTTO. She is one of the prettiest teenagers we have.

Mr. MICA. There you go. All right. Let us proceed at this time with the testimony. Our first witness will be Hon. Lawrence R. Hawkins.

Larry is the chairman of the Committee on Veterans' Affairs in the Florida House of Representatives, and let me tell you, ladies and gentlemen, from my own experience, a Floridian who has crisscrossed this State and come to Washington whenever possible and whenever necessary to talk about your needs and the needs of this State. Also, Hon. Beau Johnson, the State representative from this area--I understand district 4—will testify.

Gentlemen, we welcome you to the table. We ask you to please proceed. Thank you.

STATEMENT OF LAWRENCE R. HAWKINS, CHAIRMAN, COMMITTEE ON VETERANS' AFFAIRS, FLORIDA HOUSE OF REPRESENTATIVES, TALLAHASSEE, FL

Mr. HAWKINS. Mr. Chairman, and members of the select committee, I want to begin by thanking each of you for taking time out of your busy schedules to come to Florida and provide a forum by which the veterans of our State may share their views and concerns relative to health care needs.

For the record, I am Representative Larry Hawkins, chairman of the Committee on Veterans' Affairs of the Florida House of Representatives. I am also representing today Hon. James Harold Thompson, speaker of the Florida House of Representatives, and Hon. Harry Johnson, president of the Florida Senate. Since many in the audience today wish to express their concerns, I will keep my remarks brief.

First, Mr. Chairman, the membership of the Committee on Veterans' Affairs in Florida strongly supports the efforts of the Veterans' Administration in implementing the medical district initiative planning process. It is our feeling that this process is a step in the right direction simply because its recommendations are based on documented evidence on need rather than on political pressures.

To this end, and since we are here today to discuss the needs of the veterans residing in this general proximity, I would like to bring to your attention that medical district 10 initiative plan recommends the construction of a new VA Medical Center in Okaloosa County.

This decision was made and based on three major factors. First, the panhandle of our State is the only area within medical district 10 which is presently experiencing a positive growth rate with regards to veterans and will continue to do so in the future.

Second, in terms of distance, veterans residing in northwest Florida are required to travel approximately twice as many miles as other veterans in medical district 10 to receive treatment at VA facilities. And third, the primary service area for the medical center will be to provide care and treatment for approximately 120,000 veterans within the Okaloosa and surrounding areas by the year 1990.

I would also like to point out to the members that in a subsequent medical district initiative plan, that of medical district 12, the panhandle has also been identified as a priority siting for a new VA center within our State for the same reasons that I stated earlier.

It is my understanding that your select subcommittee has held a public hearing in Mobile, AL, and that the crux of that testimony was the urging by several elected officials and the veterans residing in the Mobile area to consider the renovation of an existing hospital in that area.

This, Mr. Chairman, is unacceptable to me, to the veterans here today, as well as the 100,000-plus that live in this area, due to the fact that a demonstrated need for such a venture cannot be documented.

From a fiscal standpoint—and we hear a lot about the fiscal responsibility now in Washington—the renovation of the above hospital will be equal to, or exceed, the projected cost of $51,750,000 for a new facility to be located in this area under the medical district 10 plan. And in terms of numbers, the 350 beds proposed under the renovation plan exceeds the projected need for that area.

I would therefore urge you, Mr. Chairman, and members of the select committee, to support the initiative plans which represented the most documented and feasible way of addressing the health care needs of the veterans in this area, not only in this area, but in the State of Florida. I would hope you would stay with that 30-year plan.

Mr. Chairman, if I may ask your further indulgence since there are two additional issues to my written statements which I would like to report. First, as you will note from the House Memorial of November 1983, which I have distributed to you, the Florida Legislature will be urging you and other Members of Congress to change the present format for allocating Federal dollars to the Veterans' Administration State Home Program.

Presently, the above Federal funding is distributed to States by rank on an availability list rather than on documented need. We would urge that this policy be changed in an effort to provide service to where service is needed.

Along the same lines, we would further request your support of H.R. 2035 introduced by Congressman Mica. H.R. 2035 provides for a more equitable distribution of Veterans' Administration dollars based on individual State veteran population growth receive the necessary funds to continue to provide adequate services, adequate treatment and care to the veterans which is the goal of all of us.

Again, I appreciate the opportunity of appearing before you today and if I, as chariman of the House Veterans Affairs Committee in Florida or any of my staff, may be of any assistance to you, please feel free to call my office.

Congressman Mica, on a personal note, it is now 5,600 veterans per month that move in the State of Florida. [Applause.]

[The prepared statement of Mr. Hawkins appears on p. 48.]

Mr. MICA. Without objection, the documents referred to will be included in the record.

I would like the record to be very clear on the point that Representative Hawkins made that both District 10 and District 12 recommended the panhandle as the site in their studies.

Representative Johnson, please proceed.

STATEMENT OF BEAU JOHNSON, STATE REPRESENTATIVE, DISTRICT 4, OKALOOSA COUNTY, FL

Mr. JOHNSON. Thank you, gentlemen of Congress past and present and staff. I welcome you to Okaloosa County. As by now you have noticed, it is a beautiful place for us to live and work. I come to you today as the State representative from this district.

I would remind you that we are in the midst of our legislative session. Florida has only 60 days in which to complete its legislative work product. We met the midpoint of that session last Wednesday.

So as you can well imagine, we are at that point of time of putting our budget together, of meeting substantive issues, but this issue is of such high importance for our area that Representative Hawkins and myself made time to be here today to express to you personally our interest in seeing that a VA hospital be located in northwest Florida.

Our effort to be here today is minimal when compared to those veterans who are here today, many of them who carry with them the wounds of war, many of whom had to be assisted in entering this auditorium, many of whom had to have assistance in obtaining transportation to be here today. I think surely you must be moved by the commitment that they have shown to fill this auditorium with an overflowing sense of need for a hospital to serve them locally.

We are very proud of our soldiers of freedom here in Okaloosa County and throughout northwest Florida. The military is a very strong part of our economy.

It has been a very strong part of our past and we hope and know that it will be a very strong part of our future. We know that you do not want these veterans to endure the long lines that they are now seeing at VA hospitals. We know that you would not want their medical needs to go unmet and it is for that reason that we are here today to call your special attention to locating a VA hospital in northwest Florida.

History tells us of many searches, Jason and the Argonauts, Diogenes and his search for an honest man and we think that your search will be made easy in finding the best possible location for a VA hospital. There are many veterans here this morning who can help guide you in that decision. I am going to save plenty of time for them to tell you firsthand of their needs.

I heard them first when I worked for U.S. Senator Lawton Chiles as an aide who traveled this district and got to know many of the

veterans firsthand. I was moved by their testimony and hearing of their problems in having their medical needs met.

As a final reminder, I will tell you that the Florida Legislature has two main priorities for this 1985 legislative session. One is growth management, the second is health care. Both of those State needs tie very directly into the need that you will hear presented today.

The VA needs to be a part of our effort to meet that need for the State of Florida for our growth management and for our health care. We appreciate the interest that you have shown by being with us today. [Applause.]

Mr. MICA. We thank each of you gentlemen for being with us today. I have also been notified that documents are to be submitted in support of your testimony and without objection they will be submitted and included in the record.

Mr. HUTTO. Mr. Chairman, if I may, I certainly appreciate the strong support that we are getting statewide and from our legislative leaders as well as our cabinet members and we have with us today I know the—one of the staff for one of Florida's cabinet members and that is John Shipp with Agriculture Commissioner Doyle Conner's office. John, would you stand up and let us recognize you. [Applause.]

Mr. HUTTO. Commissioner Conner will be presenting a statement for the record and I ask for unanimous consent that it be admitted in for the record.

Mr. MICA. Without objection.

[The statement of Commissioner Conner appears on p. 49.]

Mr. HUTTO. And also, Mr. Chairman, I have a statement from Hon. Ralph Turlington, the commissioner of education, to be submitted for the record.

Mr. MICA. Without objection.

[The statement of Ralph Turlington appears on p. 49.]

Mr. HUTTO. And also I would like to submit for the record a letter from Dr. Abdulah, and I know that later on you will keep the record open for others who wish to submit statements. Thank you.

[The letter from Dr. Abdulah appears on p. 50.]

Mr. MICA. Absolutely. And I think it would be appropriate at this time to indicate that I have a letter here from State Representative Virginia Bass in support of the location of this area for a hospital to be inserted in the record,[1] and also at the appropriate point in the record a letter from the commander of the Bay County chapter of Disabled American Veterans, Ronnie J. Everitt.[2] Also, we will insert the complete testimony of Senator Lawton Chiles.

Mr. MICA. I might ask Mr. Fenn if he would like to make a comment. You are certainly welcome. If not, the entire statement will be made a part of the record.

All right. Please proceed to the table.

Let me just, while he is coming up here, put you on notice the next group that I will be calling on will be the Alabama delegation.

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[1] See p. 51.
[2] See p. 51.

STATEMENT OF DEAN FENN, DISTRICT ASSISTANT, ON BEHALF OF SENATOR LAWTON CHILES, A U.S. SENATOR

Mr. FENN. Thank you, Mr. Chairman, and members of the committee, Senator Chiles asked that I make the following statement on his behalf.

I am pleased to be able to present testimony today concerning the health care needs of veterans in the northwest area of Florida. I strongly favor the construction of a VA Medical Center in northwest Florida.

For some time now I have heard first-hand from veterans in northwest Florida who have had great difficulty in obtaining treatment and hospitalization. I have heard about long trips to VA facilities and frequent delays due to excessive demands on staff and services.

I strongly believe the answer to these problems now faced by veterans in northwest Florida is to build a VA Medical Center in northwest Florida. I urge the Veterans' Administration to move forward in their planning for a VA medical facility in northwest Florida. Thank you very much, Senator Lawton Chiles.

Mr. MICA. Thank you.

[The statement of Senator Chiles appears on p. 51.]

Mr. MICA. At this point we would like to call to the witness table Mr. James H. Jackson, the senior vice-commander of the Disabled American Veterans, Department of Alabama, Mobile, and Mr. John Tyson, department commander of the American Legion of Alabama.

Gentlemen, we are honored to have you here today and will you each be making a statement or——

Mr. TYSON. A very short one if you do not mind.

Mr. MICA. First we will hear from Mr. Tyson.

STATEMENTS OF JAMES H. JACKSON, SENIOR VICE COMMANDER, DISABLED AMERICAN VETERANS, DEPARTMENT OF ALABAMA; AND JOHN TYSON, DEPARTMENT COMMANDER, AMERICAN LEGION OF ALABAMA

STATEMENT OF JOHN TYSON

Mr. TYSON. Congressman Mica, we thank you so much for allowing us to appear. We heard on the radio that you were having this hearing and we are always glad to come to "Lower Alabama," as we call it very affectionately here.

If you will permit me to depart for a moment on a personal note, I happen to be a native of Florida, born in Jacksonville, attended school in Miami and Panama City, and there I graduated from your wonderful Naval Air Station. Bob, over there could not get in the cockpit of an F–J anymore, but here I am. I did not get to be a disabled American vet because they shot at me, but missed, and somebody says we wonder how.

I do want to say to all of you first that I am deeply moved by the fact that we have this many veterans here. I cannot help but think that a hearing held at Mobile generated this hearing over here. I hope it demonstrates to all you gentlemen the tremendous need here in the Sunbelt and along this beautiful gulf coast area. While

we all guard our State lines, we know that they were set by some explorer, or some treaty in Paris, or that they are very arbitrary. I was talking to Bob Graham the other day, and he says you are the guy that introduced the resolution to annex west Florida. I said that is when you were not paying attention to west Florida. All that Robert King years ago was taking care of. It is nice to see you, Dan, up here taking care of this crowd. Governor Wallace told me to say if you do not get satisfied, we will take you in, we will be glad to have you up in the State of Alabama.

Nonetheless, the hearing in Mobile generated something. It really brought to the attention for the first time in this area the tremendous need that exists. First, I would like to say that this is not an adversary position that we have with you all.

I am sorry that those of you that think it is an either/or situation, either we get Providence or we get this—nothing would make some of the people a little further to the west happier than to see us get into a fight and nobody gets anything.

I hold a letter here from your honorable chairman, a dear friend of mine, Sonny Montgomery. He says that demographics will be the determining factor. It is very hard to overlook the fact that the largest city on the gulf coast urbanizing belt is Mobile, AL, in Baldwin County.

You could not tell it from your area in Florida. It is just burgeoning. You have never seen so much building and so much movement. The Great Tennesseee Tombigbee Waterway is moving in here, but we are not opposed and we are not over here to oppose you all getting a medical facility.

I always marvel at Earl Hutto's ability and I can see Bob Sikes' fine hand behind him in being able, as a freshman in Congress, to get so many things for your district because we were not quite as fortunate. I do not mean to throw off on our Congressman who has just retired, but you have done a wonderful job and you have announced a Veterans' Administration facility, a huge outpatient facility, in Pensacola.

It is not even yet built, but it is funded, and my hat is off to you. It is long overdue. They should have one right here, but nonetheless I do think that if we divide our forces and you say either/or in this present fight in Congress where the budget deficit is so great that we are not looking at a hospital in either place.

Second, I think it is important for everybody over here to understand what type of facility we are recommending in Mobile. It is a tertiary care facility capable of doing everything from heart transplants on up or down.

We are not talking about a primary care facility. The hospital in Biloxi—our good friend Jim Caldwell is the director of that fine facility, and has taken care of our veterans for years. If you have an acute care need, you go to New Orleans or you go to Jackson, MS, or you go all the way to Birmingham, AL, or you have to go somewhere where there is a medical school attached and they have that care available. We have that in Mobile.

That does not mean that the primary care cannot be held here in this area, and all up and down the coast where the growth areas are to feed a tertiary center that is closer than the existing tertiary center, so that an acute care patient need not go all the way to

New Orleans or all the way to Jackson, MS, or all the way to Birmingham.

It is very difficult for all of them. What we are offering in Mobile is a tertiary care facility where an exploding population—I think your figures are wrong—would serve our area but not compete with your area.

If you all get your facility we will support you and you darn sure need it here, then we would have a pretty good coverage.

Then finally—I know my time is running out and I want my good friend Jim Jackson to speak, is that you have in addition, wonderful military bases down here with military hospitals.

The VA is being whipsawed and we have been in Washington testifying and trying to hold the line and get enough money to take care of the veterans because there are a lot of people up there—that want to see us shut off or go to Medicare or Medicaid or whatever and we do not want that.

The military has huge amounts of money and a large number of retirees here. If you take your military retirees out of the demographic figures here then you will not have enough veterans to support what we are talking about.

If the military would augment their hospitals and take care of their own, then perhaps we could take care of our own through the VA. District 10 includes west Florida, Mississippi, Alabama, a little piece of Louisiana, and I think, a little county in Georgia.

So I hope that we disregard State lines and that you will accept this as a sincere expression of gratitude from Alabama that we love you. We are part of you, and our veterans do not care if they have to cross the line, because the hospital is just a few miles up the road. We need medical care for our veterans here and we want to be very cautious and ask the gentlemen in west Florida and the ladies over here to be careful of the oldest political trick in the world, to move the controversy down the road. Let two good friends get in a fight and nobody gets anything.

The testimony before the committee that was chaired by Dick Shelby over in Mobile—a representative of the Veterans' Affairs Committee said that the plans for construction that they have for a hospital in Fort Walton would begin some 10 years or 12 years hence. I don't know how old most of you are, but for those dying that is going to be too damned late. What I am saying is that we are long overdue. Your Congressman has heard, Lawton Chiles and Paula Hawkins, and all of them know you need a medical facility, there is no question about it.

With the augmentation of the military, the kind of facility in Mobile would give us a close tertiary treatment hospital at a very reduced cost within easy range by helicopter and very much closer than the other facilities aforementioned. We would like to join with lower Alabama here in thanking you for having this hearing and perhaps all the folks—even from Michigan, that are moving down here, Congressman, that you will stay here and that we will get the proper VA medical facility down here.

Thank you.

[The statement of the Veterans Hospital Committee appears on p. 52.]

Mr. MICA. Thank you, Mr. Tyson.

Let me just say that we have had a great meeting so far and I guess I am going to be a little tough here and say this. I told every single witness they had 5 minutes between them. You have now used the full 5 and I will grant—unless there is an objection—1 additional minute. I cannot do so beyond this point because if I make a habit of it, I would miss my plane. We would be here long into the night. I will grant 1 minute, one time, and no more exceptions because we want to be very gracious to our guests from Alabama.

STATEMENT OF JAMES H. JACKSON, DISABLED AMERICAN VETERANS

Mr. JACKSON. Thank you, Mr. Chairman. On behalf of the Disabled American Veterans, I would just like to reiterate what John has already said. We are not in competition with west Florida. They need a hospital as well as we do.

All I will say in conclusion is, the hospital that you are proposing at the present time is 8 to 10 years down the way. We will still need that and we are not going to upset the plan.

We want you to accept Providence as a pilot project and perhaps in years to come it will be less expensive. I do not agree with the figures for renovation and the standards thereto because by VA standards and their inspection it has already been declared in excellent condition.

I will say on a personal note to my good friend from Ohio, I was one of those that transferred out of the service some 30 years ago and came to—not quite to Florida—but to Alabama.

Mr. MICA. Thank you, Mr. Jackson.

I would now like to call to the witness table Mr. Don Thompson, regional director for region 3 of Gainesville, FL.

Mr. HUTTO. Mr. Chairman, while he is making his way I have a letter from the State Treasurer and Insurance Commissioner Bill Gunter and we would like that entered into the record.

Mr. MICA. Without objection, it will be entered into the record.[1]

I would also like to call to the table Mr. Malcom Randall, the medical director for district 12, Gainesville, FL, and Mr. Bill King, the medical district planner for district 10, Birmingham, AL.

I might say that I am positive that Mr. King has a distinguished background, but being from Florida, I am not as knowledgeable as I should be. Mr. Thompson, I know, has done a tremendous job for veterans.

He has served a lifetime and also worked in Washington with the chief of Medical Services. Mr. Malcolm Randall is probably not only known statewide but nationwide, and in many respects worldwide, for the work that he has done with veterans and for veterans in planning and in health care.

A distinguished panel, all three. We welcome you. Gentlemen, please proceed and, Mr. Thompson, you may go first.

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[1] See p. 57.

STATEMENT OF DONALD B. THOMPSON, REGIONAL DIRECTOR, REGION 3, GAINSVILLE, FL, VETERAN'S ADMINISTRATION, ACCOMPANIED BY MALCOM RANDALL, MEDICAL DISTRICT DIRECTOR, DISTRICT 12, GAINESVILLE, FL, AND BILL KING, MEDICAL DISTRICT PLANNER FOR DISTRICT 10, BIRMINGHAM, AL

Mr. THOMPSON. Thank you, Mr. Chairman, and members of the select subcommittee, and guests. I am honored to represent the Veterans' Administration here today in consideration of the health care needs of veterans of the northwest Florida area.

I have submitted my formal statement, so this will simply be a summary statement, if I may.[1] The Veterans' Administration has since 1981 been committed to the medical district initiated plan which has been mentioned several times, which we call MEDIPP, which is based on the premise that local knowledge of conditions and demand, resource needs and existing capabilities will result in better resource utilization and more efficient services.

This initiative has now produced 4 consecutive years of comprehensive plans identifying needs and potential strategic options to meet those needs. It has also given us a most thorough data base concerning our veterans upon which we now base all of our projections, our estimates and our decision making.

In December of 1981, a congressional directive accompanying Public Law 97-101 mandated a 30-year study of the needs of Florida veterans. That study included all of medical district 12 which consists of the peninsula of Florida and 19 counties of Georgia and the 8 panhandle counties that are in District 10. One section of that 30-year study recommended to meet the needs of veterans residing in that area of the State a site for locating a medical center to be determined in one of three urban areas of the panhandle.

The counties of Escambia, Bay, or Okaloosa, and that that site consist of approximately 215 beds. That is the level determined to be most appropriately accommodating the 1990 veteran population of 97,000, projected to grow to 100,000 by 1995 and 101,000 by the year 2000.

The criteria used to determine the most appropriate site was developed on the premise that historical rates of hospital use by veterans would continue and that the supply of inpatient, outpatient services for Florida veterans should be comparable to national levels of availability.

The key criteria was that planning should permit 90 percent of the Florida veterans to have access to care within 75 miles of an existing or a planned VA medical center.

The Florida Panhandle Study in 1983 resulted in a determination that 225 beds be established in the Okaloosa County area as the most appropriate site to provide new access to the greatest number in the northwest Florida area, veterans in the northwest Florida area. That determination has been reviewed annually and it was reviewed again in 1984 and the determination remains unchanged.

The theoretical primary service area of Okaloosa County was established. It consisted of 18 northeast Florida, southeast Alabama,

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[1] See p. 58.

and southwest Georgia counties with a projected population of 119,500 veterans by 1990, continuing to increase to 122,900 by the year 2000, an overall increase of 14 percent and an increase of 18 percent within those Florida counties.

[Bell sounded.]

Mr. MICA. Was that 5 minutes?

Mr. THOMPSON. Really?

Mr. MICA. All right. Let me just stop you right here. We have your statement in the record, and maybe we can proceed with questions, because I said I would not exceed time and we will not be able to finish.

If a new hospital were located in Mobile would that meet the requirement in the study that we are trying to attain: 90 percent of the veterans in Florida within 75 miles of a veterans' hospital?

Mr. THOMPSON. No, sir, it would not.

Mr. MICA. It would not meet that requirement?

Mr. THOMPSON. The city of Mobile is within 63 to 64 miles of Biloxi-Gulfport where we, as was mentioned earlier, we just spent 80 million modernizing and bringing in a greater level of sophistication. The construction projects that were done there were based upon the continued anticipation of the workload from the Mobile area.

Mr. MICA. Now, if it were located in this area, would it meet the requirements?

Mr. THOMPSON. Yes, it would.

Mr. MICA. OK, did you consider veterans outside of Florida, across the boundary—the State boundaries when the district 10 workbook was done?

Mr. THOMPSON. That is right, we did, sir.

Mr. MICA. And that was all considered?

Mr. THOMPSON. Yes, sir.

Mr. MICA. Is the statement that you heard earlier correct that both district 10 and district 12 recommended this area before the other hospital came into the picture?

Mr. THOMPSON. That is correct.

Mr. MICA. When would you estimate you could start planning for the facility were it determined that it would be here?

Mr. THOMPSON. Optimistically speaking—let me give you just a bit of background.

We completed the study 2 years ago essentially as far as budget planning purposes is concerned. The first one, the Palm Beach County Hospital, is already in our budget planning process.

The hospital for Brevard County is a 1986 advanced planning fund project. That means the first two have already been placed in our planning process. It is feasible that the Administrator of Veterans' Affairs in reviewing his overall criteria and his overall priorities for construction within the Veterans' Administration nationwide could in fact select a third hospital in the next year or so.

I think that would be optimistic given the current climate; however, at best I would say we would be looking at a 1987 or 1988 advanced planning fund for construction in 1991 and completion and occupation probably in 1994.

Mr. MICA. You indicate from your statement that this would be a nonteaching hospital. Could you tell us your plans for referring patients who require services outside the range of the hospital?

Mr. THOMPSON. In the planning process, as we develop the needs for this area, we considered existing facilities that were available to us. I mentioned just a moment ago that we have in fact upgraded the facilities at Biloxi. We also have recognized that——

Mr. MICA. May I interrupt you? What is the amount again of the upgrade of the facilities at Biloxi?

Mr. THOMPSON. Actually it is approximately $90 million. In fact, the last $7 million of that is a new nursing home which has not yet been accomplished.

Mr. MICA. How far is Biloxi from Mobile?

Mr. THOMPSON. It is 64 miles.

Mr. MICA. And how far is Mobile from here?

Mr. THOMPSON. Mobile from here is, I think it is approximately 90 miles.

VOICE. No, it is 100 miles.

Mr. THOMPSON. I stand corrected.

Mr. MICA. Let the record show about 100 miles.

I would indicate just to make a point for the record that in earlier testimony it was suggested that it might be better to put it in Mobile because it is a rapidly growing city. We addressed that argument in south Florida.

Broward County is one of the fastest growing counties in the United States of America, not just Florida. It is very close to Miami, which has a facility. So, it was ruled in that particular instance that it not be put in Broward County but the facility be put in Palm Beach County. That same argument, I think, might apply or at least bears looking at because there is such a facility in Biloxi.

Mr. THOMPSON. Our long-range projections dealing with the Mobile area would indicate about a 5-percent decrease after the year 2000; whereas the growth in the Panhandle area sustains through the year 2010.

Mr. MICA. Congressman McEwen?

Mr. MCEWEN. Thank you, Mr. Chairman. Mr. Thompson and members of the panel, have you toured the proposed site in Mobile?

Mr. THOMPSON. I have not but Mr. King has.

Mr. MCEWEN. Fine. No. 1, could you describe the facility for me and could you make some estimate, as a planner, as to whether or not it meets VA requirements and some estimation as to how much renovation would be required?

Mr. KING. There is a report from our office in Washington, a technical report as to that very fact. I am not an engineer, sir, but there is a technical report that points out deficiencies and strengths of that total facility.

It is a facility that has been built over several years and there are several pieces of that single structure. The newest is less than 4 years old, which is ambulatory care. In terms of the bed tower area, there are some beds that are in excess of 20 years.

Mr. MCEWEN. That is fine. If the report has been done I will ask that it be submitted in the record. I think it will be appropriate at this time.

Mr. MICA. Without objection it will be admitted.[1]

Mr. Thompson, quickly, has the VA ever bought a—I do not know how to term it, a used hopsital?

Mr. THOMPSON. Not to my knowledge. However, as you probably well know in the early years immediately following the Second World War, we did assume responsibility for a number of military hospitals and a rather massive building and renovation program at that particular time.

It is not a concept that we would disagree with. The first consideration for our purposes is to determine that the need exists and to see to it that the need is established in the place that will give the greatest access to care to the greatest number of veterans presently being underserved.

Now, if there would be an acceptable facility within that area we certainly would consider that as an option for purchase or lease or what have you, depending on its needs.

I would like to point out that our study that was done was done by our technical people and engineering service and the facility at Providence is quite a good facility. However, we do not know the asbestos content and things of that nature. It could go as high as a $100 million to renovate and activate the facility, depending upon the mission assigned, the specialized services and support facilities needed, conversions of space to new uses, equipping and furnishing, et cetera., and initial supply and staffing to operate it.

Mr. MICA. $100 million?

Let me just ask about the plan, the 30-year study. This study, you might say, is what all of the four hospitals are based on in the State of Florida, the one we referred to earlier.

Malcom Randall, who is with you here today, worked on that study with you. If I could criticize the plan in one particular area, I would criticize it very roundly in saying that it is conservative.

Mr. THOMPSON. Oh, definitely.

Mr. MICA. The numbers that they are projecting, for instance, for new veterans moving into my district by 1995 have already been completed. I think we have already met that figure and that is how quickly we are getting growth. What would be the effect of throwing out this plan and accepting the Mobile facility on all of the other planned facilities in Florida?

Mr. THOMPSON. We have not extensively studied that; however, I might say that have we erred in the projections for population that is a universal error. We used the same criteria nationwide.

All planning—population planning is based on deaths and births and migration. Our births are discharges from military service and we have a very fine handle on that number. We also have a very fine handle on death rates and things of that nature.

Our only variable that gives us difficulty is migration and it fluctuates due to, for example, the gas shortage, mortgage rates and so forth and those cause small changes.

I would say this. If we adopted a new standard of putting hospitals within 65 miles of the existing facilities or 65 miles from planned facilities, we would be asking or recommending rather, the

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[1] See p. 81.

need for 7 to 8 facilities in the State of Florida as opposed to 4. We were purposely conservative because we felt the budgetary realities of the country did not extend us that privilege.

Mr. MICA. So, in other words, to do away with the plan, you essentially then would be asking for more hospitals when we obviously are going to have a difficult time funding the ones that are already asked for.

Mr. THOMPSON. Yes, sir.

Mr. HUTTO. Mr. Chairman, I would like to ask one thing. It is my understanding, I believe, that disabled veterans receive mileage compensation when they have to travel to a hospital for medical care.

Mr. THOMPSON. That is true.

Mr. HUTTO. And then some other veterans under some circumstances receive mileage compensation. So, I would like to point out, Mr. Chairman, that being the case there would be a considerable amount of money expended for someone to travel from this point which is 100 miles to Mobile or from Bristol, FL which would be more like 175 or maybe 200 miles.

So, that is another expense that ought to be considered besides the expense of renovating a hospital and having it in a location where the need is not the greatest. You know, I have said before that it is not a bargain if it is in the wrong place.

Thank you, Mr. Chairman.

Mr. MICA. Thank you.

Mr. Randall.

[The statement of Mr. Thompson appears on p. 58.]

Mr. RANDALL. Mr. Chairman, I would like to point out that when we did this bed siting study that was generated by your legislation, that we started out with no preconceived notions. The first thing we did was to establish standards and criteria that we were going to follow in doing the study.

We had advice from our veterans' review group, which is an integral part of our MEDIPP process, consisting of a representative of all the veterans' organizations in Florida and also representatives of the Florida Commission on Veteran Affairs, the State Division of Veterans' Affairs, and the Veterans' Affairs committee of the State House of Representatives——

Mr. MICA. Pull the microphone closer, please.

Mr. RANDALL [continuing]. So that we received broad advice and input in establishing those standards and criteria. When we then applied those standards and criteria across the State the four sites which we identified as proposed sites for new hospitals in Florida fell out, and they fell out purely on objective data, purely on the facts that we were able to generate for each county in Florida.

We modeled every single county in Florida and said, "What if a hospital were sited here, how many veterans would that bring within our standard of bringing 90 percent of the veterans in Florida within 75 miles of a hospital" we also applied all of our other standards and criteria to each county in Florida. So the study was not concerned with attempting to justify a hospital in any particular county, but rather where should we site hospitals that would do the greatest good for the greatest number of veterans in Florida.

We did not start out with "how could we justify a hospital in Palm Beach County," which became first on our priority list. I am glad that one fell out in Palm Beach County, but that was not our approach. Our approach was to set the standards and criteria that would be applied equally across the State. Our concern was to provide every veteran in the State of Florida equal access to care. We can do that only by applying objective standards to the entire State.

If we introduced new standards and criteria at this point, in the panhandle, then we should go back and apply the new standards and criteria to the rest of the State as well, which would mean a new study.

Mr. MICA. I think Mr. Randall makes an excellent point here and I would like the record to show that what he is saying is, if we make changes of that nature—of major nature in this study, we start from square one with the entire statewide site question.

Let me tell you, as the one who authored this study, that when I first asked the Congress and the VA to do it, my only concern was I thought we needed one more hospital for Florida. We asked that the study be done to see if we needed one, and where that one would be.

The study points out to everyone's astonishment that we needed not just one, we needed four more. The study did not intend to come down and say we will just place one. They broke it up and said where the four would go, based on the criteria.

The record should further note there are 19 Florida Congressmen. Each one has torn this study apart backward and forward to make sure that they should have a facility in their district. To add brand new criteria could throw this whole thing into such a delay that we may never live to see this completed.

So I think it is very important and I appreciate your comment and I commend you on it. I would say right now that every Congressman in Florida, every single Member, and I have talked with all of them, are satisfied that the study is unbiased, nonpartisan, based on statistical needs. You do raise a legitimate concern about the consequences of tampering with the study at this time.

We thank you gentlemen and would like to call the next panel.

Mr. MICA. Panel one would be the first panel. That would be Col. Arnold Lubin, commander of the U.S. Air Force Hospital at Eglin Air Force Base right here; Capt. Alice M. Martinson, Naval Hospital, Pensacola, commander of the Medical Corps.; Col. Paul Humbert, commander of the U.S. Air Force Hospital at Tyndall Air Force Base.

Ladies and gentlemen, please be seated at the witness table. Colonel Lubin, would you please proceed?

STATEMENTS OF COL. ARNOLD N. LUBIN, COMMANDER, U.S. AIR FORCE HOSPITAL, EGLIN AIR FORCE BASE, FL; CAPT. ALICE M. MARTINSON, COMMANDER, MEDICAL CORPS, NAVAL HOSPITAL, PENSACOLA, FL, AND COL. PAUL V. HUMBERT, COMMANDER, U.S. AIR FORCE HOSPITAL, TYNDALL AIR FORCE BASE, FL

Colonel LUBIN. Good morning, Mr. Chairman, and members of the committee.

I am Col. Arnold N. Lubin, commander of the U.S. Air Force Regional Hospital at Eglin Air Force Base, FL. It is a distinct honor to come before you today to present information you requested concerning the Eglin Regional Hospital.

At this point, sir, I would like to make a correction in my prepared statement for the record. At 165 authorized beds, the Eglin Regional Hospital is the sixth, not the fifth, largest hospital among the 66 Air Force hospitals in the Continental United States.

Mr. MICA. Without objection the formal statement will be corrected and entered in the record.

Colonel LUBIN. Thank you.

We have a dual mission of wartime support of several contingency plans and peacetime care of over 63,000 active duty and retired military personnel and their dependents and survivors.

Other missions include the provision of consultant services to beneficiaries primarily located at Moody, Robins, and Tyndall Air Force Bases and we operate 1 of the 10 Air Force alcohol treatment centers.

Specialty and subspecialty care is offered in most areas with the notable exception of cardiology and neurosurgery. Our average daily patient inpatient load is 131 patients. On an average day there are 1,524 outpatient visits, 3,314 prescriptions filled, 6,863 laboratory procedures performed, 602 x rays taken and 2,009 dental procedures performed.

At present there are no sharing agreements between the Eglin Hospital and Veterans' Administration hospitals. The nearest VA facilities at Montgomery, Gulfport and Gainesville preclude this because of distance and driving time.

The distance and saturation of our facility with our current beneficiaries effectively precludes sharing of services.

Many of our clinics have long waiting times for appointments for retired personnel and their dependents and survivors but the fact remains that on an average day 41 of our eligible beneficiaries are hospitalized in civilian hospitals and 98 seek civilian outpatient care under the Civilian Health and Medical Program of the Uniformed Services, the CHAMPUS Program, because we either lack the space and/or the personnel to take care of them. This does not include those beneficiaries, primarily those over 65, who are not eligible for CHAMPUS or those who have private insurance for their health care.

Thank you, Mr. Chairman, I would be happy to answer any questions you may have.

Mr. MICA. Thank you. We will withhold the questions and proceed with Captain Martinson.

[The statement of Colonel Lubin appears on p. 60.]

STATEMENT OF CAPT. ALICE M. MARTINSON

Captain MARTINSON. Mr. Chairman and distinguished members of the subcommittee, I am Capt. Alice Martinson, the commanding officer of the Naval Hospital in Pensacola, FL. I am appearing before you today at your request to present information concerning the naval hospital in Pensacola.

The primary mission of the naval hospital is to provide a comprehensive range of emergency, outpatient and inpatient health care services to active duty Navy and Marine Corps personnel and active duty members of other Federal uniformed services.

Subject to the availability of space and resources, we also provide the maximum range and amount of comprehensive health care services possible for other authorized persons as prescribed by Title 10 of the United States Code.

The naval hospital in Pensacola is located 2 miles west of the city of Pensacola on Highway 98, adjacent to the naval technical training center at Corry Station. The hospital is a modern 139 bed acute care medical and surgical facility. A list of specialty services which we provide has been included in the prepared text, a copy of which I believe you have before you.

Notably missing from those lists of services are neurosurgery, inpatient psychiatry, operative cardiology, kidney dialysis, radiation therapy, and brace and limb facilities.

Our hospital is fully accredited by the Joint Commission on the Accreditation of Hospitals. The hospital provides both inpatient and outpatient services to approximately 90,000 uniformed service members and other eligible beneficiaries who reside in northwest Florida, southern Alabama, and Mississippi.

Table 1 of our prepared text shows an overview of the classification of our eligible beneficiaries. You will note we have almost 15,000 retired and 27,700 dependents of retired.

In addition to providing medical care at the corps hospital facility, the naval hospital is responsible for providing medical care, outpatient medical care to eligible patients who present for treatment at eight branch medical clinics which are located in southern Mississippi and northwest Florida. A list of our medical clinics is provided for you in our handout.

The Naval Hospital Pensacola is a part of the Naval Medical Command, southeast region in Jacksonville, FL. All resources for the operation of this command are provided by the commander, southeast region.

You have before you inpatient, outpatient and ancillary services——

Mr. MICA. I would like to point out that I do not think it was reset for your testimony, so you can continue. That was not the full 5 minutes.

Captain MARTINSON [continuing]. As well as breakout of outpatient visits at our branch medical clinics and annexes. Not included in my prepared statement is data on our CHAMPUS area usage.

For the latest figures from CHAMPUS, we had last year 5,333 CHAMPUS users of which 1,135 were retirees. A total of $12.1 million was expended in the CHAMPUS area in Pensacola last year. These figures also do not include those retired and their dependents over the age of 65 who are covered by Medicare or those who use other forms of health insurance.

The Veterans' Administration Hospital, Biloxi, MS, provides support services to eligible VA beneficiaries who reside in the U.S. Naval Home in Gulfport, MS, and have done so for quite some time without benefit of a formal sharing agreement.

A formal agreement between the branch hospital at the Naval Home and the VA Hospital, Biloxi, for the sharing of radiology services is currently being staffed.

A Veterans' Administration outpatient clinic managed as a branch of VA Hospital, Biloxi, is projected to open in Pensacola in May 1986. Recent conversations with officials at the VA Hospital, Biloxi, have confirmed our commitment in principle to the maximum degree of sharing practical services between Naval Hospital Pensacola and the VA Biloxi Branch Clinic in Pensacola.

The scope of services at the VA branch clinic has not been determined at this time but I foresee that our support would primarily fall in the region of ancillary and administrative services.

Naval Hospital Pensacola has neither the physical space nor the medical staff to provide inpatient services now or in the foreseeable future. When a decision is reached by the VA officials as to the type of services that will be provided we will be entering into discussions leading toward a comprehensive sharing agreement.

I appreciate the opportunity to appear before you today and would welcome any questions that you may have.

Mr. MICA. Thank you, Captain. Again we will withhold the questions. Colonel, please proceed.

[The statement of Captain Martinson appears on p. 61.]

STATEMENT OF COL. PAUL V. HUMBERT

Colonel HUMBERT. Good morning, gentlemen, and Mr. Chairman.

I am Col. Paul V. Humbert, the hospital commander, at the U.S. Air Force Hospital, Tyndall Air Force Base, FL. I thank you for inviting me to the subcommittee meeting this morning.

The U.S. Air Force Hospital at Tyndall is a three story self-contained facility constructed in 1967 at a cost of $1.5 million.

This original 80-bed hospital has two operating rooms and two delivery rooms. In addition it also has approximately 62,000 square feet of operating space and we have had to expand the facilities into outlying buildings now, an additional 30,000 square feet or almost 50 percent of the original hospital.

The outpatient portion of the facility was not designed for the current number of outpatients but approximately one-third the number of beneficiaries that we see at this time. In addition, the patient waiting areas include the hallways next to the provider's office, which is a safety and privacy problem.

Mr. MICA. May I interrupt? About how many are we talking about? What was it designed for and what are you seeing?

Colonel HUMBERT. Sir, the current population of beneficiaries that we now serve is 31,000 and the facility was originally designed for 8,000 to 10,000 beneficiaries.

Mr. MICA. That is interesting. I think that is a good point for the record. I will just add that in Miami, one of the reasons that I asked that the study be done some years ago was that the outpatient facility at the Miami VA Hospital was designed to see 100 patients a day and there has not been a day in the last 7 years that they have seen less than 1,000 a day. Those are the kind of problems that we do not want to see happening right here.

Please proceed.

Colonel HUMBERT. I would like to point out that Tyndall Hospital is currently designated a 45 operating bed hospital. In the previous 6 months prior to January of this year, our average census was 34 patients.

One of the reasons that we have a difficult time increasing the census is that all the patients have to come through our outpatient clinics which are quite crowded. We are now seeing approximately 600 patients a day, which limits the number of people that we can actually put into the hospital.

I might add that last year in the Panama City area, CHAMPUS and individuals themselves paid $3.8 million for civilian care in the local community and that, of course, is not for the people over the age of 65.

Tyndall Hospital is a primary care facility and does not have many of the sophisticated surgical specialties, so that most of our patients have to be evacuated either by land to Eglin Regional Hospital or by air to Keesler Air Force Hospital or to the hospital at Lackland Air Force Base in Texas.

Those too critical to move are, of course, sent downtown to the local Panama City hospitals.

At this time we cannot take care of any more beneficiaries in our current facility. We are looking forward to an MCP, Military Construction Program in 1991 for a $22 million add/alter to the current facility.

I thank you, sir, and welcome any questions.

[The statement of Colonel Humbert appears on p. 63.]

Mr. MICA. I guess the first logical question is premised on the fact that we do not want to build any hospitals where we do not need them, and we are always looking for the potential for sharing. Could each or any of you tell us of any agreements that you have entered into for sharing services and facilities of your medical facilities?

Colonel HUMBERT. At this time Tyndall Hospital does not have any sharing agreements primarily because the closest VA hospitals to us are the ones in Tuskegee or Montgomery, AL.

Mr. MICA. How about the other way around? You do not pick up any work for them?

Colonel HUMBERT. We do not pick up any work for them at this time.

Mr. MICA. Captain.

Captain MARTINSON. As I stated, sir, we have a sharing agreement in progress which formalizes a relationship that has existed for many years in the Biloxi area between the Naval Home and the VA Hospital. We have no other sharing arrangements with the VA at this time.

Mr. MICA. Colonel Humbert, am I to understand from your testimony that if we asked you, as the Congress, to share, you are already overburdened?

Colonel HUMBERT. Yes, sir.

Mr. MICA. If we asked you to pick up some of the——

Colonel HUMBERT. That is right, Mr. Chairman.

Mr. MICA. Colonel Lubin.

Colonel LUBIN. Sir, at this point we do not have any sharing agreements either. However, with the availability of a Veterans'

Administration facility within close proximity, we envision the potential for sharing arrangements in several areas. We could very easily provide obstetrical and gynecological services as well as CAT scans because we are programmed to have that service in 1987.

We envision sharing services with the Veterans' Administration in the areas of cardiology, neurosurgery and general surgery as far as the medical specialties are concerned.

We have also looked at the potential—should there be an available facility, for sharing such nonmedical—nondirect medical operations as laboratory and laundry facilities.

Mr. MICA. Captain.

Captain MARTINSON. I might point out that all military hospitals are focused on acute care services for a generally younger segment of the population. This is what we are staffed, funded and equipped to do. Many of the ongoing hospital needs of older veterans are in the area of chronic diseases and rehabilitation and we do not have in any of our facilities down here any significant services to offer in that regard.

Mr. MICA. Are those acute care services limited by funding?

Captain MARTINSON. Yes, sir, they are.

Mr. MICA. What is your occupancy rate. Maybe you can give me some kind of a yardstick for your facilities. Do you have the national figure for DOD facilities?

Captain MARTINSON. I cannot quote you a national figure, sir, but I am sure one is available.

Mr. MICA. We could get that, but how about your facilities?

Captain MARTINSON. In my facility this morning we had a census of 108 and we are rated at 139 beds. We are actually operating about 15 beds less than that for geographic reasons within the facility.

Colonel LUBIN. If I can comment on that, the authorization of beds to each facility in the Air Force changes every 6 months based on the previous 12 months' history of occupancy. An occupancy rate of 75 percent is required to be authorized to give a number of operating beds if you are under 100 beds in size. You must operate at 80 percent to obtain your operating bed figures if you are over 100 beds in size. This is looked at every 6 months and changed based on quite current history.

Mr. MICA. Do you have a comment, Captain?

Captain MARTINSON. Sir, the factor that determines operating beds is the staff you have to care for the people in them, not the size of the facility and our staffing is determined—again, along with our operating beds based on occupancy as well as other workload and the active duty populations in our area.

Mr. MICA. I must say that I know Congressman Hutto has a question but let me just follow up on this point. The 30-year study—and in fact, I think it is the will of the Congress and we will be more increasingly looking at cost, would have an intent to say this: If you folks in the area could provide certain services we would like you to share your facilities. I think the answer is coming back to me that you are already overburdened and you are asking to share with a new facility. Is that the correct——

VOICE. You are correct, Congressman.

Captain MARTINSON. That is right.

Mr. MICA. Congressman Hutto.

Mr. HUTTO. Thank you, Mr. Chairman. Colonel Lubin, I believe it was you that mentioned authorized beds and operating beds. Could you just kind of give us a definition of what you mean by authorized beds and operating beds?

Colonel LUBIN. Authorized and operating beds are essentially the same thing. We are authorized—our facility for example is authorized to operate 165 beds. Our hospital was built on a chassis that could accommodate 200 beds but we are authorized to operate 165 beds and that, as Captain Martinson explained, is based on the current bed occupancy, staffing, population, and so forth. Minor changes occur in that figure every 6 months.

Mr. HUTTO. Thank you, Colonel.

Colonel LUBIN. Yes, sir.

Mr. HUTTO. I would like to comment and ask perhaps a question regarding military construction for the additions to the hospital. As far as construction is concerned, Colonel Humbert mentioned a 1991 military construction program for Tyndall. Can you, Colonel Lubin, and you, Captain Martinson, tell us of anything in the pipeline as far as additions are concerned?

Colonel LUBIN. We have a program in being right now also for 1991 construction of an additional 102,000 square feet, an addition to our facility. We have been able to demonstrate that we would be able to use that space, provide services that are demanded of us that we cannot provide at this point in time.

Mr. HUTTO. Captain Martinson.

Captain MARTINSON. Sir, we have currently in military construction a 1986 project for an outpatient military clinic on the naval air station, the Pensacola complex. This will also encompass our occupational health requirements and the naval dental clinic.

We are in the early stages of proposing a military construction project for both the 1989-90 timeframe for some additional outpatient clinic space at the naval hospital. Outpatient clinic space is a severe constraint for us at this moment, just as it is at Tyndall.

Mr. HUTTO. Thank you all. As a member of the Military Construction Subcommittee on Armed Services, I would like to comment that usually when we are providing military construction funds it is just to stay even with the game. Would you not say that by the time these facilities are constructed that it would just help you better perhaps to serve those clients that you are now serving—the population that you are now serving? It will not greatly increase the number of people served, will it?

Colonel LUBIN. No, sir.

Colonel HUMBERT. That is correct, sir.

Captain MARTINSON. Not at all, sir.

Colonel LUBIN. You are right.

Captain MARTINSON. We will do it more efficiently.

Mr. HUTTO. Thank you.

Mr. MICA. Thank you very much. We appreciate you appearing before us and I might say that the record, as I indicated earlier, will be left open and we may wish to submit some additional questions to you. Thank you.

We have a slight change in the program, just for one moment, we would like to call Mr. John Shipp representing Doyle Conner,

the commissioner of agriculture for the State of Florida. Mr. Shipp had requested 1 minute. We welcome you and we welcome you on behalf of Doyle Conner.

STATEMENT OF JOHN SHIPP, DIRECTOR OF ADMINISTRATION, FLORIDA DEPARTMENT OF AGRICULTURE, REPRESENTING DOYLE CONNER, COMMISSIONER OF AGRICULTURE, STATE OF FLORIDA

Mr. SHIPP. Thank you, Mr. Chairman, distinguished members of the Congress. I am delighted to appear before you and I appreciate the opportunity. The Commissioner regretted that he could not be here and will submit a formal statement but did ask me to appear and say a few words to express his views, which I shall do for the record.

I am director of administration for the Florida Department of Agriculture. My name is John Shipp and I am representing Doyle Conner, Commissioner of Agriculture, who could not be here today. I am happy to present his views for your consideration in support of constructon and operation of a new veterans hospital and health facility in west Florida.

Mr. Chairman, it is a well-known fact that there are now some 93,000 veterans living in west Florida from the Applachicala River westward to the State line and that that number is predicted to increase to over 100,000 by the turn of the century.

This area of Florida, as we all know, is the location of numerous military facilities to which thousands of members of the Armed Forces are attached and those with families are likely to eventually become permanent residents of our State and more particularly of this area. Almost everyone, it appears, wants to relocate to Florida, as Congressman Mica has indicated. Our count shows that almost 800 persons per day are moving to Florida at this time. We are, at the State level, trying to prepare for that growth.

There is before the Florida Legislature at this time a growth management policy and program that is probably the biggest undertaking of the State legislature in the last decade. We earnestly solicit the support of the Federal Government in sharing in that effort in providing for the health needs of the new resident veterans of the armed services in this area. Commissioner Conner strongly endorses the building of a new veterans' hospital in this area and heartily supports the effort here by lending the full support of his office and his position.

As a former member of the legislature myself, from this area, and as a veteran, I am delighted to be back in the area and to lend my personal support.

Mr. MICA. Thank you.

The next panel will be Mr. Clary Gordon, deputy vice commander of the American Legion; Mr. C.N. (Gus) Merinkers, former State commander and State legislative officer of the VFW; Mr. Harry McDonald, State department commander of the Disabled American Veterans and Mr. Sanford E. (Sam) Sidebottom, State department commander of AMVETS.

Gentlemen, please take the witness table. First we will hear from Mr. Gordon. Mr. Gordon, you may proceed.

STATEMENTS OF CLARY D. GORDON, DEPUTY VICE COMMANDER, AMERICAN LEGION; C.N. (GUS) MERINKERS, FORMER STATE COMMANDER AND STATE LEGISLATIVE OFFICER, VETERANS OF FOREIGN WARS; HARRY McDONALD, STATE DEPARTMENT COMMANDER, DISABLED AMERICAN VETERANS; AND SANFORD E. SIDEBOTTOM, STATE DEPARTMENT, COMMANDER, AMVETS

STATEMENT OF CLARY D. GORDON

Mr. GORDON. Mr. Chairman, members of the select committee, my name is Clary D. Gordon, west area vice commander of the American Legion, Department of Florida.

On behalf of Mr. Reuben M. Hair, Sr., department commander of the American Legion, Department of Florida, I come before this committee as his representative. The commander called me from Tallahassee Monday, sending his regrets that he would be unable to attend and advised me to appear for him in his behalf.

He advised me to go on record that he and the American Legion, Department of Florida, 72,853-plus members, strongly oppose the purchase of Providence Hospital in Mobile by the Veterans' Administration for a VA Hospital. The distance involved in travel would not do the Panhandle veterans very much good, as it is 58 miles from Pensacola to Mobile.

The department commander recommends that a veterans' hospital be built someplace in the Panhandle of Florida within the First Congressional District. There are over 78,000 veterans within the first district of the American Legion and over 82,000 in the Department of Florida.

The first district of Florida encompasses the following counties: Bay, 14,380 veterans; Escambia, 35,240; Okaloosa, 17,180; Santa Rosa, 8,400; Walton County, 3,410; and Holmes County, 1,790. There are in excess of 78,000 veterans in the First Congressional District of Florida. These figures were obtained from the VA regional office at St. Pete, Tuesday, April 30, 1985.

According to the Escambia County service officer in Pensacola, the VA facility at Biloxi is not a highly specialized hospital. For instance, if a heart patient requires care, he is referred to Birmingham, AL. If an orthopedic case is required, he is referred to the New Orleans Hospital.

It is my pleasure to appear before this Veterans' Affairs Committee and ask your support and help to make this a reality.

Thank you very much for the opportunity to appear before this committee today as a representative on behalf of the department commander of the Department of Florida, Reuben M. Hair, Sr.

Mr. MICA. Thank you, Mr. Gordon.

Mr. Merinkers.

STATEMENT OF C.N. (GUS) MERINKERS

Mr. MERINKERS. Mr. Chairman and Representative McEwen and my good Congressman Earl Hutto, I am sorry that "Ole Baldy" left, as he was known on the Hill for many years, my good Congressman Sikes. I happen to be a native of Florida, sir.

We in northwest Florida have fought the battle for many years. We understand that the problem has been always finances and

budget and so forth. I know we still have the problem working today. I have worked with my good Congressman Earl Hutto for over 6 years now in bringing a clinic into northeast Florida. I am happy to say that in the near future we might have one.

Also whenever you look at northwest Florida, if you look from Pensacola west, you have to go to Biloxi or even as far as New Orleans. And if you get down to Panama City, then you are looking for Montgomery to Birmingham and to Tuskegee, AL.

We in the State of Florida are growing every day. When I was state commander back in 1960 and 1961, we were fortunate to get the Gainesville Hospital appropriations, as Dr. Randall was saying a while ago. But even today, when our clinic gets opened in Pensacola, it will be overloaded to start with.

You have heard from the distinguished colonel and the captain from the Navy give their basic facts of what is going to happen in the future from retirees. Also, even if we get this hospital you are speaking of now, if you look down the road, Mr. Chairman, you will see that it will be overloaded before the doors are opened.

I deeply appreciate your concern, Congressman Mica. I remember you from many years. You have fought hard and we deeply appreciate it in the State of Florida, for the veterans, but I would be amiss if I did not also recognize another great representative of ours in the State of Florida, and that is Hon. Lawton Chiles, U.S. Senator. He is on Appropriations, Budget, Government Affairs, Special Committee on Aging—this covers it all, I can assure you.

I received this letter from Senator Chiles.

Dear Gus, as you know, I have been very closely concerned about recent discussions regarding the VA Hospital proposal for northwest Florida. I have remained in contact with the Administrator of Veterans' Affairs during this time and spoke with him last Friday. We discussed the history of my efforts to get a hospital in northwest Florida and the need not to deviate from this earlier planning which verified the need for a hospital in northwest Florida. I stressed to him that we must put the facility where the veterans are, and not let the politics dictate where it should go.

I have got enclosed a copy of my following letter to Mr. Walters for your information.

Since my discussions with Mr. Walters, I have been advised that he expects to make the decision within the very near future. I will be in contact with you again when I hear from him.

With kindest regards, I am

Sincerely, Lawton.

I think we are blessed with people like you, Mr. Chairman, and you, Mr. McEwen, and my own Congressman Earl, working on behalf of the veterans in northwest Florida and the State of Florida. And it has certainly been a pleasure to be a part of this committee hearing and address this committee at this time on behalf of the Veterans of Foreign Wars as their legislative officer and past State commander.

Thank you, Mr. Chairman.

Mr. MICA. Thank you.

Mr. McDonald.

STATEMENT OF HARRY McDONALD

Mr McDONALD. Mr. Chairman and distinguished members of the subcommittee, I have a prepared statement that has been turned in and I would like that made a part of the record.

Mr. MICA. Without objection, the entire statement will be included in the record.

Mr. MCDONALD. And I would like to make a few comments for the committee.

First, I would like to thank Congressman Hutto for his efforts in getting the select committee hearing in this area. He has worked hard on this and we appreciate it. And I want to thank you and Buddy McKay for the support you gave us in Washington just a very few days ago when people were running Florida down, and I understand that you people really came forward and protected our interests.

Mr. Chairman, I am Harry McDonald, commander of the Disabled American Veterans in Florida, which at the present time consists of more than 66,000 wartime, service-disabled veterans. We stand behind the Veterans' Administration's demographic studies which indicate that the hospital should be in the panhandle. A hospital in an area that does not furnish support to the maximum number of veterans is not good fiscal policy. We back the location of a hospital in the panhandle.

I visited Biloxi and Gulfport day before yesterday. I visited Tuskegee and Montgomery yesterday, and I can tell you that I left my house north of Crestview at 5 o'clock in the morning and we drove and it was 9 o'clock when we arrived at Tuskegee. Now veterans in this area, the bus services are abominable.

VOICE. Non-existent.

Mr. MCDONALD. An individual that has an appointment at 9 o'clock, or 8 o'clock, as most of them are set up in Montgomery, he must either leave here at midnight or shortly thereafter, to get there, if he drives. If he must ride a bus, he must leave the day before. He gets to Montgomery, they see him and they will immediately put him in a vehicle in numerous cases and take him to Birmingham because they cannot furnish the——

Mr. MICA. Can I ask you on this, do you have any regional bus system or would this be Greyhound?

Mr. MCDONALD. This is Greyhound or Trailways, yes, sir. And when he goes to Birmingham, then he is brought back normally at the end of the day and dropped off and you can go home. Then he is faced with getting back here.

It is a bad situation, trying to get people to the hospitals to be treated. Once we get them there, we have very little problems. The Veterans' Administration, within their capabilities, does an outstanding job. I have no complaint with what we have, except that we need something closer and we need more of it.

In closing, Mr. Chairman, thank you again for holding the committee hearing here, and I look forward to seeing you up in Washington when I am up there again.

Mr. MICA. Thank you.

[The statement of Mr. McDonald appears on p. 64.]

Mr. MICA. Mr. Sidebottom.

STATEMENT OF SANFORD E. (SAM) SIDEBOTTOM

Mr. SIDEBOTTOM. Mr. Chairman, Congressman McEwen, Congressman Hutto, and all others present, on behalf of the American

veterans, may I say it is an honor and a privilege to appear before this distinguished committee to present the views of the delivery of health care to the veterans of northwest Florida.

Veterans living in this area do not have the luxury of being within an hour's drive to reach a VA Medical Center or Outpatient Clinic. They must travel many miles further to receive medical treatment and/or hospitalization; to Montgomery for example, 150 to 200 miles depending on where you live in the panhandle; Birmingham, 233 to 283 mile distance; Tuskegee, 185 to 235; or Biloxi, 200 to 250 miles. The nearest facility to us in northwest Florida is the Lake City VA Medical Center, a distance of 292 miles from Pensacola, FL.

The movements of veterans to specific areas of this Nation is ever increasing, and will continue into the near future, thereby creating an imbalance between the previous allocated resources and veterans' needs. When an area experiences a boom in their veteran population, the VA must become more alert to these changes and allocate more money to that area. We are in a 6 to 18 percent rate growth area, one of the Nation's highest, and it is clear that VA medical dollars have not increased through the decade in proportion to the population growth and health care demands of the eligible veteran community.

It is now time for the VA Administrator to start putting funds and facilities in the areas where the large veteran population live, not build facilities in areas with a decline in veterans' population.

Take our older veterans; they not only need long-term medical care facilities and services, but require more acute care than their younger counterparts. They have more admission in a given time period and they require longer stays for treatment of similar ailments. The distance to the VA medical centers here in VA District 10 puts an additional burden on the family and/or friends since many of these veterans are not in good enough health to drive themselves; therefore, they must be driven up the day before their appointment. I say treat the veteran and his family with dignity and compassion.

We ask your support in bringing to the panhandle a centrally located hospital that will be within 75 miles of the majority of our veterans.

Thank you very much for this appearance.

[The statement of Mr. Sidebottom appears at p. 65.]

Mr. HUTTO. Thank you, Mr. Sidebottom. And I want to thank all of you; Mr. Merinkers, Mr. Gordon, Mr. McDonald, and Mr. Sidebottom, for coming and testifying here today before the subcommittee, and I know of all of your organizations' hard work to try to get the proper health care facilities for your people and I do appreciate it very much. On behalf of Mr. Mica and Mr. McEwen and the subcommittee, we thank you very much.

Mr. MICA. I would like to call up now Mr. Roy H. Brooks, Jr., chairman of the Florida Commission on Veterans' Affairs, accompanied by Mr. H. Michael Hahn, executive director, and Mr. Simon F. Stover, director of the Division of Veterans' Affairs for the Florida Department of Administration.

If you gentlemen will please come forward and take your seat at the witness table. Mr. Brooks, you may proceed in any fashion you would like.

STATEMENTS OF ROY H. BROOKS, JR., CHAIRMAN, FLORIDA COMMISSION ON VETERANS' AFFAIRS, ACCOMPANIED BY H. MICHAEL HAHN, EXECUTIVE DIRECTOR, AND SIMON F. STOVER, DIRECTOR, DIVISION OF VETERANS' AFFAIRS, FLORIDA DEPARTMENT OF ADMINISTRATION

STATEMENT OF ROY H. BROOKS, JR.

Mr. BROOKS. Thank you, Mr. Chairman.

I bring you greetings from Gov. Bob Graham, who is unable to attend this morning due to a prior commitment to address a commencement ceremony at one of our State's major universities. Governor Graham is, however, vitally concerned that the voices of Florida's veterans should be heard in today's most important discussions.

Governor Graham wishes to thank the committee for providing an opportunity for Florida veterans to express their views regarding today's subject matter: VA health care in Florida; and in particular, the proposed purchase of a Mobile, Alabama hospital for conversion and use by the Veterans' Administration.

While these topics may sound rather mundane and perhaps even boring to some, I assure you this is not the case as far as Florida's veterans are concerned. In many respects, these hearings are a clear sign of what they might expect in the future regarding Veterans' Administration health care in general. Not only would the acquisition of the Mobile hospital represent a first in terms of the Veterans' Administration's usual practice of constructing their own facilities, it much more broadly communicates either the intention, or lack thereof, of the VA to address major existing problems in its delivery of health care to Florida veterans.

Florida is already well known as the State wherein veterans experience the greatest difficulty in receiving VA health care in the Nation. Some areas of the Nation receive, for example, three times as much VA outpatient care as do Florida veterans. The level of VA hospital beds per thousand veterans in Florida is roughly one-half that which is already available to veterans in Alabama.

Expanding this point in layman's terms, for Florida to be brought to the nationally established level of available beds per 1,000 veterans would require the construction of 1,591 more VA hospital beds in the State. However, for Florida to claim parity with Alabama's present access to VA hospital care would require the construction of 3,515 additional beds in this State.

As stated time and again in the VA's literature, the degree of utilization of VA health care is known to be controlled almost entirely by the access to it. In Florida, access to VA health care is either "suppressed or constrained," according to the VA's technical reports. While this information has been known to the VA for quite some time, no tangible evidence of this understanding can be detected in the actions of the VA's central office in terms of their resource allocations.

In voicing outrage at the thought of the Mobile acquisition proposal, Florida's veterans are only attempting to achieve some semblance of equity in the largest health care system in the world—one for which they paid with their service equally to become eligible to access—also, one for which they now pay more than their fair share in Federal taxes to support.

Florida veterans have come to expect less access to the VA hospital care delivery system than any others in the Nation. Those Florida veterans in the panhandle region of this State, in a particularly acute example, are unable to access any major VA health care facility within a 100-mile radius of their residence. This situation is unique in the southeast, except for some veterans who reside in the southern portion of Florida.

As documented in a recent study conducted by the Florida Commission on Veterans' Affairs, Florida is being shortchanged by approximately $141 million per year in VA health care resources at present. This highly conservative estimate is based upon the average percentages of services delivered by the VA both in terms of inpatient and outpatient care—simply projecting what additional services Florida could expect if they experienced parity of access comparable to nationally established standards.

Florida is perhaps the only State in the Nation projected by the VA to experience major additional growth in its veteran population. In stark contrast, the rest of the Nation is anticipated to experience a decline in its number of military veterans. Therefore, if left unattended, Florida can only envision a worsening situation for its veteran population, while the rest of the Nation receives even more favorable levels of services of this type.

Also, as the above statements relate only to the actual numbers of veterans residing in the State of Florida, other factors tend to further exacerbate our troubled situation. As is well known to those who observe the VA health care system, perhaps the most significant factor at present regarding the use of VA health care is that of age.

Currently, Florida has the highest median age population of military veterans anywhere in the Nation. In addition, in terms of the demographic shifting of elderly veterans, Florida now is the destination for nearly one-quarter of all veterans age 55 or older, relocating to another State.

By comparison, for every veteran age 55 or older moving to Alabama, 20 elderly veterans are moving to Florida. In no rational sense can Alabama be justified as the new location of additional VA health care facilities over the location of such facilities in the Panhandle of Florida. This very point leads to the major question brought about in this statement: When will the VA be required to allocate resources made available to it on a rational, equitable basis?

As Florida attempts to act as an advocate for its growing population of military veterans, VA health care issues quickly emerge as their most pressing problem demanding solution. With the present ambiguity brought about by the need to reduce the Federal deficit, however, serious doubts exist as to whether Florida can ever expect those needs to be addressed.

In an age where VA health care itself is questioned, how can Florida veterans hope to be accorded equal access to the largest health care provider in the United States when proposals such as the acquisition of the Mobile facility are taken seriously.

I realize my time is up, Mr. Chairman.

Mr. MICA. Mr. Brooks, we are going to, by unanimous consent, allow you to continue your statement. This statement from the Florida Commission on Veterans' Affairs is very important, and you do not lack too much. We would like for you to continue.

Mr. BROOKS. I appreciate that, sir.

Roughly 1½ years ago, in December 1983, the Florida Commission on Veterans' Affairs requested of the Administrator of Veterans' Affairs, that Florida be considered as one VA medical district, by itself. This measure was requested on the basis it would increase the VA's ability to monitor the dynamic state of VA health care in Florida.

Other specific arguments accompanied this request which also supported this suggestion as well. In the beginning, we were informed that we would have a complete response to our request within 30 days. Soon after, we were informed that a task force was considering the redelineation of all VA medical districts, including those which subsume the State of Florida, and that we would be informed as to recommendations of that task force. One-and-one-half years later, we have yet to have our request responded to in any appropriate, definitive manner.

Once again, using the proposed acquisition of the Mobile facility in question as a case in point, were State boundaries defined as the level of monitoring of VA resource allocations, it would be apparent that Alabama has slightly more than twice the number of available VA hospital beds per 1,000 veterans as Florida.

Once again, the division of the United States into VA medical districts serves to confuse and confound those who would be interested in the establishment of equity in this Federal system. In the view of the Florida Commission on Veterans' Affairs, the system of VA medical districts, as currently constituted, only serves to perpetuate the image of the Veterans' Administration as a pork barrel agency of the Federal Government.

Returning to the initial concern of the Federal budget, such an image cannot be allowed to continue; otherwise, all veterans will eventually pay the price for such shortsightedness as Congress inevitably comes to perceive such gross and unjust handling of Federal funds—a situation which will produce predictable and possibly tragic results for all concerned.

Once again, for both Gov. Bob Graham and the veterans of the State of Florida, I thank you for this opportunity to address these issues. Thank you.

[The statement of Mr. Brooks appears on p. 66.]

Mr. MICA. Thank you very much.

Mr. HUTTO. Mr. Hahn, do you have any comments?

Mr. HAHN. No, sir, I do not.

Mr. HUTTO. All right. Mr. Stover, you may proceed.

STATEMENT OF SIMON F. STOVER

Mr. STOVER. Yes, sir. Thank you very much. It is certainly an honor to be here today to represent the 1.4 million veterans of Florida and in particular, the 117,000 veterans of northwest Florida.

I will take just a short minute because most of what I had to say has already been said, but to reiterate one position that Chairman Brooks mentioned, the aging veteran. Today, 20 percent of the veteran population in Florida is 65 years or older. In 1995, 44 percent of the projected veterans population at that time will be 65 years and older.

Not only do we need the facilities to take care of these people, but if we do not have the facilities in the immediate areas or close by, as the size of their health problem increases, they have a bigger problem getting to those facilities. That will create even larger problems and I would like that to be recognized.

Again, the division and the department of administration for the State of Florida strongly support the medical planning process and we would like for the committee to take that into consideration in their decisionmaking process.

Thank you very much. It is a pleasure to be here.

[The statement of Mr. Stover appears on p. 72.]

Mr. MICA. Thank you very much.

Let me just say I do not have any questions, but I would like to make one comment, Mr. Brooks. With regard to your testimony. You said that you requested from the VA some kind of response on your proposal and you have been waiting 18½ months.

While I am chairman of this committee, I am going to tell you that any time I hear about a request like that that goes unanswered, my blood boils. You are going to get an answer, and we will get it right away.

I cannot guarantee whether we agree or disagree, but you are entitled to an answer and then we can try to change their opinions if they do not agree with us. We will take care of that.

Mr. BROOKS. Thank you, I appreciate that.

Mr. MICA. Mr. McEwen.

Mr. MCEWEN. Thank you, Mr. Chairman.

Mr. Brooks, would you do me a favor by elaborating on your statement at the bottom of page 6 where you mention that in the view of the Florida Commission, the system of VA medical districts as currently constituted only serves to perpetuate the image that the VA is a pork barrel agency?

Mr. BROOKS. It is just that we feel that we have been kind of left out in the overall picture on this, sir. This has been going on for many years. I have been active in veterans' affairs since 1948, and if we do not get what we should be getting down here with the veteran population and the way it has been going——

Mr. MCEWEN. So your statement really would not apply necessarily to the medical districts?

Mr. BROOKS. Not necessarily.

Mr. HAHN. It does in a more general way in that with the VA system as political as it is, decisions are being made by nonelected officials. The political strengths that would normally argue for this

hospital perhaps to be located in Okaloosa County are not inherently present in the VA system, and as such it tends to confuse the whole thing. The whole situation is less clear.

Mr. MCEWEN. OK.

So really this sentence here might be an overstatement as it applies to medical districts themselves, because the statement I am concerned about does not have anything to do with this particular hospital.

Mr. HAHN. In this particular instance——

Mr. MCEWEN. I am concerned that one may feel that the medical districts are contributing to misrepresentation of the agency.

Mr. HAHN. They are not intrinsically bad, we are not saying that. We are trying to say that as the medical districts argue for facilities, that system, that whole system that gets authorizations for such facilities does not closely parallel the existing congressional setup, the districts and all this sort of thing. So that there is not any parallel tracking in terms of arguing for facilities and this sort of thing. They are too widely separated.

Mr. MICA. Thank you, gentlemen, we appreciate you being with us.

Our next panel, Mr. Mike Mitchell, the vice chairman of the board of county commissioners of Okaloosa County, accompanied by Mr. Joe Hunt who is the veterans' service officer of Okaloosa County; Mr. David Carter, the executive director of Northwest Florida, Big Ben Health Councils from Panama City; and Mr. Charles Comer, the legislative officer of the Northwest Florida Veterans' Committee.

Commissioner Mitchell, would you like to proceed first.

STATEMENTS OF MIKE MITCHELL, VICE CHAIRMAN, BOARD OF COUNTY COMMISSIONERS, OKALOOSA COUNTY, FL, ACCOMPANIED BY JOE B. HUNT, VETERANS' SERVICE OFFICER; DAVID W. CARTER, EXECUTIVE DIRECTOR, NORTHWEST FLORIDA, BIG BEN HEALTH COUNCILS, PANAMA CITY, FL; AND CHARLES D. COMER, LEGISLATIVE OFFICER, NORTHWEST FLORIDA VETERANS' COMMITTEE

STATEMENT OF MIKE MITCHELL

Mr. MITCHELL. Mr. Chairman, gentlemen, Mr. Bill Peeples, our chairman, regrets that he cannot be here. He did submit testimony in writing; however, he asked that I come and make some comments and I am more than happy to do that.[1]

Though the minority member on the board of county commissioners, on this particular issue I speak for it and have its total backing.

I feel I have walked this road previously.

In the late 1970's, Okaloosa County ended up with three vacant hospital buildings. At that time the Veterans' Administration was contacted and offered one of these hospitals. The administration sent some people here, their architects visited the buildings, they came back and told us that the demographics were incorrect for such a move at this point in time.

[1] The prepared statement of Mr. Peeples appears on p. 74.

I might add that the buildings have been used and utilized fully and happily by the Okaloosa Council on Aging. However, I did want to point out that we were in a position to offer you facilities at one time.

After the council on aging started to use one of these facilities, we—again I went back to the Veterans' Administration and we offered them what we referred to in the Niceville facility as the emergency room-operating room suite, as a clinic. Again, the Veterans' Administration graciously came and visited our facilities and came back again and said that the demographics were not correct.

I guess my pitch at this point in time is a very simple one, that the board of county commissioners perceives today the same problem it did back in the late 1970's, that there is a need for VA medical facilities here. We will do anything we can to assist you. Unfortunately, I do not believe we have any hospitals to offer you today, but if there is anything we can do, we stand ready to do that. And I hope and pray that the demographics are now more favorable to our cause.

Mr. MICA. Mr. Hunt, did you have a statement?

STATEMENT OF JOE B. HUNT

Mr. HUNT. Mr. Chairman, distinguished members of the select committee, on behalf of the many veterans that visit my offices daily, I would like to express my appreciation for the deep concern each of you gentlemen today have shown for this vital issue. I know only too well how desperately we need a VA facility in the panhandle area, and specifically Okaloosa County, to provide the health care our veterans have earned and certainly deserve.

Thank you very much, sir.

Mr. MICA. Thank you.

Mr. Carter.

STATEMENT OF DAVID W. CARTER

Mr. CARTER. Congressman Mica, Congressman McEwen, Congressman Hutto, and Mr. McDonald, I am David Carter. I have been executive director of an areawide health planning agency for the last 16 years. I have degrees from three of the major universities in the South. I have been very much involved in the VA MEDIPP planning program; and, if you would accept my recommendation as an expert witness, I would say all of the demographics are right, all of the facts are in, the hard data is available to support a VA hospital in northwest Florida.

A number of representatives have been here today to say to you that the second largest concentration of veterans in VA District 10 is in northwest Florida, and it is the fastest growing number of veterans in VA District 10.

When we went to Mobile, Congressman Shelby said to us the military can take care of your veterans, the military hospitals. We have had today the commanders of these institutions saying they cannot take care of us. We had the gentleman from Alabama, who came today, saying we are not opposing you; we can have two hospitals down here. Well, I would like to say to you, as, I believe, an expert planner, that we do not have the demographics for two hos-

pitals. We do not have the numbers that will back us up for two hospitals; just one, really.

There is just one more thing that I think has not been said today. I grew up in Panama City, FL. One of my good friends there was a girl whose father was a veteran. They were not an extremely able family, but they were very proud of his service during World War II. They were very proud to be Americans. They were very proud to be able to pay their own way as they felt like they had done.

About 2 weeks ago, I assisted in the father's funeral. About 3 years ago it was determined that he had cancer. He went to the VA hospital in Montgomery and the VA hospital in Birmingham and spent most of the last 3 years there. They are just most grateful for the total VA system and the VA hospitals in Montgomery and Birmingham. But, as you can imagine, the mother of that family wanted very much to be with her husband during his last days.

So this friend of mine, the daughter, took on a second job. She has been working at that second job during this entire period in order to provide funds for transportation for the mother back and forth 200 to 300 miles, plus the cost of the least expensive motel and living expenses in Montgomery and Birmingham during most of the last 3 years. They have incurred quite a debt.

This daughter, my friend, has continued to work and continues to work—I do not know how she does it—approximately 16 hours a day. She does not want charity; she just wants to pay her bills.

The families of these veterans need to be considered, too. She would be absolutely appalled if she knew I were telling her story here today because she wants to pay her way. I think this story indicates what the families, 110,000 families, have to say about the need of a hospital in northwest Florida today.

[The statement of Mr. Carter appears on p. 75.]

Mr. MICA. Mr. Comer.

STATEMENT OF CHARLES D. COMER

Mr. COMER. Yes, sir. Thank you.

I am Charles "Chuck" Comer, legislative officer of Northwest Florida Veterans Committee, Inc. I am retired Air Force with over 30 years' service and 100 percent disabled, so I can speak for veterans who have disabilities.

I have worked with veterans for the last 15 years and have personally driven them and their families to the VA hospitals in Birmingham, Montgomery, Tuscaloosa, and Tuskegee, all in Alabama. The average mileage round-trip is 200 to 400 miles, and is a long way to go to receive treatment and visit your loved ones. We need a VA hospital closer where our veterans can receive necessary medical care and their families could visit them, because visitation is part of the treatment.

The military hospitals in northwest Florida do not have the capability of CAT scans, dialysis, et cetera. All this must be done in a civilian hospital. If a veteran is under Medicare, he cannot be sent by the military hospital to a civilian hospital on CHAMPUS. If we

had a veterans hospital in northwest Florida, the cost factor for the military hospital and the veterans would be far less than it is now.

The Eglin Air Force Base Hospital has a shortage of medical personnel; however, they have been providing outstanding service to a greater number of eligible veterans and their dependents.

It must be remembered that as the number of active duty personnel and their dependents increase, medical service in military hospitals can be restricted or denied to retired veterans. At the present time, there is a shortage of orthopedic doctors and cardiologists at the Eglin hospital. Dental care is at limited services, and as of the 1st of July it will be cut further.

The veterans of northwest Florida do not have the necessary VA facilities within a reasonable distance to provide them with the care they have earned and deserve.

If I may add a couple of messages here, I would like to thank the military hospitals in Escambia, Bay County, and Okaloosa for the treatment and care they have given veterans and families even with the shortage of money and personnel. And I want to thank the veterans for responding to our call to get letters out to let you gentlemen know what our feelings are and what we need.

And I say thank you, gentlemen and ladies; and thank you, gentlemen on the panel.

[The statement of Mr. Comer appears on p. 77.]

Mr. MICA. Thank you very much.

We thank each of you for being with us here today. We have come to the end of our time. Let me just tell you how I intend to close this meeting.

First, let me restate for any of you who may have come in late that my goal here today was to be as fair as possible in this hearing. I will keep the record open for this hearing for 10 days. If any of you have any additional comment or information, statistics, any data that you would like entered into the record, you have 10 days to submit it to Congressman Hutto or Congressman Fuqua or directly to me or the Veterans Committee, and we will make it a part of the official record.

Second, let me just make a personal observation if I may. As I indicated, I have been on the Veterans' Committee now for well over 7 years, and this is the largest audience that I believe I have ever seen. And, Earl, I must tell you that I sense the commitment of everyone in the room with regard to this facility, but I have to commend you for the respect you have shown in carrying out that commitment. I appreciate the way you have conducted yourselves. It has been marvelous. It has been tremendous. I wish we could do this in many of our other veterans hearings around the Nation.

I will call on Congressman McEwen for a closing statement, and Congressman Hutto, and then I will give a brief summary of what I feel we have learned here today.

Congressman McEwen.

Mr. MCEWEN. Thank you, Mr. Chairman. And I thank you for not only holding this hearing, but the manner in which you have conducted it. And I also want to say just a word to the witnesses, that while it seems that we are cramped for time just a bit, I want to assure you that each and every word that you have submitted to this panel will be included in the record in such a manner that

those Members of Congress who will study it in detail will not know whether or not it was presented orally or whether it was submitted.

It is many times even more helpful to have that before one to study than it is even to hear in person, because sometimes you misunderstand what may have been said, and when it is written in a transcript before you, you can go back and review, just as many of us were able to do at the Mobile hearing that were not able to be in attendance.

So I want to thank the witnesses for making the effort to be here. I want to thank you for your fine testimony, and I believe that any impartial observer will have to conclude that you have made your case very, very well, and that is beneficial to all veterans.

I also want to thank Congressman Hutto for his efforts on behalf of the veterans of this area, and thereby our Nation, in presenting this issue not only to the Veterans Affairs Committee but keeping it constantly before the Members of Congress. As you know, there are a very limited number of hospitals that are authorized by the Congress on an annual basis, but I want you to know that your Congressman has done everything within his power, and more so, to keep us abreast as to how much the hospital is needed right here in northwest Florida.

I want to join the chairman in expressing my appreciation for the fine citizens of this area, not only for your hospitality, for your warm and gracious manner in which you have received us, for your excellent testimony, but for the kindness that you do our Nation by placing in the Congress your good Congressman. I thank you all very, very much.

Mr. MICA. Congressman Hutto.

Mr. HUTTO. Thank you very much, Mr. Chairman. And I do want to thank sincerely you and Bob McEwen for being here. And I want to say that you really run a tight ship. I once worked in television, as my constituents know, and timing is all important. As you look at the clock, I will tell you, as many witnesses as we have heard, I do not see how you did it, but the timing has been fantastic.

Last night, I was talking to a gentleman who said he had been around here for 50 years and he could not even remember a congressional hearing being held in this area. I do not know if that is the case or not, but certainly it has been fantastic.

I want to express my deep gratitude to the panel members, to each one who spoke here this morning, and to all of you folks out there for the tremendous support you have given us with regard to this hospital—this proposed hospital—and for the way that you have worked with me and my staff on Veterans' Affairs. I think Dan and Bob—you can see that I have some of the greatest constituents. I think they are the greatest anywhere. They are good, patriotic citizens, and they have served our country well.

I believe that the hospital is deserved. I think that has been indicated in the testimony here today, and I look forward to working with you and the Veterans Committee to see this accomplished.

Thank you again for being here.

Mr. MICA. Let me just summarize in these brief terms. First, I think we have heard here today that the facts and the statistics should be utilized in locating this hospital, not politics and personal desires. The 30-year study, by everyone's indication, should not be tampered with.

I might just add, as an aside, that that study was done in my freshman and second year in Congress. It was not political power. It was pure statistics that allowed for this facility to be located here and the others in the other parts of the State. And I think to tamper with the 30-year study would delay, if not totally destroy, any possibility of new hospitals any time in the near future for Florida.

I must say that I read most of the testimony on the plane down here in preparing for this hearing, but I was listening for new information. And one of the new pieces of information that was brought to my attention was this: Obviously, the Florida District 12 recommended that the hospital be located in this area; but also if you would term it such, the Alabama-based district, District 10, recommends that the hospital be built in this area.

We are talking about a situation where never in the history of the VA has the Veterans' Administration purchased an older facility for use as a new hospital, and that renovation in Mobile could run upward of $100 million.

Let me first say that if the statistics show that we do need a second hospital in Mobile, I certainly would be willing to look at that and support it. But right now my conclusion, and as chairman of this committee, Earl, I want you to know this: That I did not even send a letter in on the final site of my own hospital in my own area because I did not feel that I should get into that. But in this case, I will personally contact the Veterans' Administrator and recommend that that hospital be sited right here.

Thank you very much.

[Whereupon, at 12:04 p.m., the subcommittee adjourned, subject to the call of the Chair.]

APPENDIX

OPENING STATEMENT OF HON. DAN MICA, CHAIRING THE SPECIAL SELECT SUBCOMMITTEE ON OVERSIGHT, COMMITTEE ON VETERANS' AFFAIRS, U.S. HOUSE OF REPRESENTATIVES

Good morning, the subcommittee will come to order.

It is my pleasure to welcome you to our hearing this morning to consider an issue very important to all of us—veterans health care.

I am Dan Mica from West Palm Beach, Florida and a member of the committee since I first came to the Congress seven years ago. I am very pleased your Congressman and my good friend Earl Hutto asked Chairman Sonny Montgomery of Mississippi to conduct this important hearing and that the Chairman selected me to chair the hearing.

We really appreciate the hospitality you have extended to us, and I'm grateful my colleague, Bob McEwen from Ohio, who is seated to my right, can experience it firsthand. In Washington, I'm always telling him about Florida and now he can see for himself that it's all true!

I want you to know, Bob is a strong advocate for veterans and is a very hard working member of our committee. I think his coming here today attests to his dedication and concern for veterans and their needs. Last, but certainly not least, is your own Congressman Earl Hutto seated to my left. Earl is a very respected member of the Armed Services Committee, and while he is not a member of the Veterans' Affairs Committee, I think a measure of his interest in veterans is his personal effort in arranging this hearing in Niceville for the Panhandle veterans. Of course, his outstanding accomplishment in obtaining a VA outpatient clinic in Pensacola for the area veterans really demonstrates his effectiveness as your representative in Washington. Earl, I know you have a statement you wish to make and I ask your forbearance for a few more minutes while I present my remaining views to our audience.

I have had a long and vital interest in the quality and quantity of health care available to our Florida veterans. I am certain that the record will show that I have informed my fellow committeemen that there has been a population explosion going on here in our State for many years. In fact, they all know that over 5,000 veterans are arriving each month to make our beautiful State their home. This tremendous influx of new resident veterans has caused an overwhelming strain on the less than adequate VA health care system. With the assistance of several of my colleagues, we were able to galvanize the VA into action and produced a very comprehensive report in 1982 on the 30 year medical needs of veterans within the State of Florida. Subsequently, Medical District 12, which embraces most of the State, was tasked with providing specific site locales and bed allocation recommendations. One of the recommendations was for locating a new hospital in the panhandle counties of Florida with the specific siting responsibilities vested in Medical District 10 to determine in which of 3 urban counties (Bay, Escambia or Okaloosa) would be the appropriate hospital location for the 215-bed facility. I am certain that all of you know that the Medical District 10 report ranked the sites as Fort Walton Beach, first; Panama City, second; and Pensacola, third.

The tasking of Medical District 10 included a survey of local Department of Defense facilities for possible sharing of facilities to meet the projected medical needs of the areas veterans.

Today, we expect to hear testimony from various civic and governmental authorities, the State leaders of the veterans service organizations, Department of Defense officials and a Veterans' Administration representative concerning the medical needs of the panhandle veterans. We hope to obtain firsthand knowledge which will strengthen the data and recommendations in the Medical District 10 report, including the details concerning the 3 DOD facilities located in this area. We also wish to

hear your views concerning the proposed use of the Providence Hospital in Mobile to meet this need.

I would now like to introduce the following local mayors. Mayor Kathryn Bagley from the city of Fort Walton Beach, Mayor Tom Pryor from the City of Mary Ester, Mayor Jerry Milligan from the city of Crestview and Mayor Kathleen Bowman from the town of Shalimar. We appreciate your interest in our hearing and would be pleased to hear any comments you may wish to make at this time.

Before hearing our first witness, I would like to recognize my patient friend, Earl Hutto, as well as my other colleagues for any comments they may wish to make at this time.

Earl.

STATEMENT OF HON. BOB MCEWEN

Thank you, Mr. Chairman, and thank you Congressman Hutto for arranging for this Select Subcommittee to meet here in Niceville, Florida, to assess health care for veterans in this area.

Mr. Chairman, there is never a hearing in Washington, D.C., by the House Veterans' Affairs Committee when you fail to mention that over 5,000 veterans a month are moving to Florida. You also always mention that this has created and will create special problems in this State. I am sure that our good friend, Congressman Earl Hutto, will relate how this dramatic mobility of veterans has impacted the panhandle of Florida which he so ably represents in Congress.

In addition to what I learn from Dan and Earl, I am pleased to tell you that I have some personal knowledge of Florida myself as one who graduated from college at the other end of this State. So let the record show that I share Dan Mica's and Earl Hutto's concern that Congress recognize the special needs of the veterans of this state.

While Florida already has 5 VA hospitals and about 15 associated outpatient clinics, plans are constantly being pursued and updated to expand VA medical services throughout the State. Those plans are both short and long-range, and included services for the Panhandle area. I am pleased that this is so for I am certain we will have brought to our attention today at this hearing that the need is great and beyond doubt.

Mr. Chairman, we are all aware of a need for a new hospital to serve this VA medical district. A recent hearing on this issue was held in Mobile, Alabama. At that time, considerable focus was upon the possibility of VA immediately acquiring an existing hospital in that city to serve not only the Mobile area, but also the Florida Panhandle and other areas. The witnesses at that hearing from Alabama—according to my information—quite naturally testified in support of this proposal. Other witnesses, however, disagree and urged with considerable degree of passion that this general area where we meet today is a more desirable locations for the majority of veterans throughout this region of our Nation for a VA hospital site.

For my part, Mr. Chairman, I want to learn as much as I can about this matter in order to do what is best for veterans. The VA, of course, has primary responsibility for site selection for hospitals but the Congress, and particularly the House Veterans' Affairs Committee, has a very specific role to play in terms of construction authorization, appropriations, and general oversight. I want us to fulfill that role in a very responsible way, and I know that both you and Congressman Hutto share that objective. In this connection, when the Alabama hearing was held, the Chairman of the meeting stated that he wanted only to serve the best interests of the veterans of America. I associate myself with those remarks. I believe that all of us only want to be part of doing what is best, what is prudent, and what is responsible. It is to that end that I come to this hearing. In the shadow of a great defense installation at Eglin there is no greater responsibility, no higher purpose for our National Government then the care and maintenance of our Nation's freedom and those who kept it free.

Again, Mr. Chairman, I appreciate the opportunity to be back in Florida, an to be on such an important mission. I am anxious to hear from our witnesses and to learn as much as possible about the issues before us.

Thank you. Mr. Chairman.

STATEMENT BY CONGRESSMAN EARL HUTTO BEFORE THE SELECT SUBCOMMITTEE ON OVERSIGHT, COMMITTEE ON VETERANS' AFFAIRS

I am honored, Mr. Chairman, to be before you today to speak on behalf of the veterans of northwest Florida, and I would like to thank Chairman Montgomery and my collegue from Florida, Dan Mica, for allowing us to hold this hearing. I believe that we all have a common goal in mind; namely, to use foresight and good judgment in determining what type of health facility would serve the needs of both Florida and Alabama veterans. Since we are here to listen to the veterans speak, I will keep my remarks brief and emphasize the key points which make Northwest Florida the logical choice for location of a Veterans Administration Hospital.

Veterans' Administration statistics show us that by sheer numbers, Northwest Florida is the growing area of Veteran population. Currently, South Alabama and South Mississippi together have 102,000 Veterans, but the perdiction is that their population will decrease in the next 20 years, while Florida's number will increase. West Florida now has 93,000 Veterans with a boom in progress and a conservative prediction that this area will be home to 110,000 Veterans by the end of the century.

It is no surprise to me why Florida's veteran population is growing by leaps and bounds. Without a doubt, our beautiful beaches and temperature climate draw veterans from all parts of the country to this area for their retirement. Many military men and women, who have occasion to perform a tour of duty here, decide to retire in Florida. These people are severely disappointed when they discover that there is not a VA Hospital hereby. Our veterans must drive three to four hours to reach either Montgomery, Biloxi, or Gainsville to take advantage of a VA Facility, and this is an added expense and inconvenience for which these honored heroes did not bargain when they agreed to serve our country.

I realize that aside from looking at growth statistics, there is another consideration before us today. The President made an appeal last week to all Americans to reduce the deficit. I share the President's grave concern and feel very strongly about our budget situation, but foolhardy decisions in the name of budget reduction are not the answer. As you may guess, I am speaking of the controversy surrounding the purchase of Providence Hospital in Mobile.

For three primary reasons, I am convinced that the purchase of providence hospital would not be prudent. First, Providence Hospital is not the proper facility to meet the recommendations of the "medical district initiated planning process" (MEDIPP) study. The $69,000 Per-bed cost of utilizing Providence is very deceptive. It is simply a division of the number of licensed beds by the overall $24 million to purchase the hospital. This figure does not include equipment costs or the extensive renovation which would have to be performed before the hospital could be used. Secondly, the VA has reported that there is no urgent need for a medical facility in Mobile because of its proximity to the Biloxi, Mississippi VA Hospital. It is 63 miles from Mobile to Biloxi, or about an hour's drive. One hour is substantially less than the five hours it takes to drive from Panama City to Gainsville. Third, and finally, $80 million worth of construction and renovation is being performed right now at the Biloxi Hospital. This is taxpayers' money that has already been appropriated and will be spent to improve the facility. To spend this money and then turn right around and undermine the utilization of the facility by purchasing Providence Hospital is utterly irresponsible.

Before closing, I would like to remind all members of the committee that the Veterans' Administration is a reputable agency. It has a highly qualified staff who use the MEDIPP form of evaluation to guide an overall plan of serving veterans' needs. I respect the fine work that the VA does for our country's veterans and urge all of you to match its level of commitment by locating a new hospital in Northwest Florida.

Thank you for allowing me to testify before your subcommittee today. I am greatful to all the men and women who fought in our Nation's wars, and I am dedicated to seeing that our decision is in the best interest of those whose likes it will affect: The veterans.

EARL HUTTO,
Member of Congress,
Florida.

PREPARED STATEMENT OF LARRY HAWKINS, CHAIRMAN, FLORIDA COMMITTEE ON VETERANS' AFFAIRS

Mr. Chairman and members of the Select Subcommittee on Oversight: I want to begin by thanking each of you for taking the time out of your busy schedules to come to Florida and provide a forum by which the veterans of our State may share their veiws and concerns relative to health care needs.

For the record, I am Representative Larry HAWKINS, chairman of the Committee on Veterans' Affairs of the Florida House of Representatives. I am also representing the Honorable James Harold Thompson, Speaker of the Florida House of Representatives, and the Honorable Harry Johnston, president of the Florida Senate.

Since many in the audience today wish to express their concerns, I will keep my remarks brief.

First, Mr. Chairman, the membership of the Committee on Veterans Affairs strongly supports the efforts of the Veterans' Administration in implementing the medical district initiative planning process. It is our feeling that this process is a step in the right direction—simply because its recommendations are based on documented evidence of need rather than on political pressures.

To this end, and since we are here today to discuss the needs of the veterans residing in this general proximity, I would like to bring to your attention that the Medical District 10 initiative plan recommends the construction of a new V.A. medical center in Okaloosa County.

This decision was based on the fact that:

(1) The panhandle of our State is the only area within Medical District 10 which is presently experiencing a positive growth rate—and will continue to do so in the future;

(2) In terms of distance, veterans residing in northwest Florida are required to travel approximately twice as many miles as other veterans in Medical District 10 to receive treatment at V.A. medical facilities; and

(3) The primary service area for the medical center will provide care and treatment to approximately 120,523 veterans within the Okaloosa and surrounding areas by 1990.

I would also like to point out to the members that in a subsequent medical district initiative plan—that of Medical District 12—the panhandle has also been identified as a priority siting for a new V.A. medical center within our State, for the same reasons I stated earlier.

It is my understanding that your Select Subcommittee on Oversight has also held a public hearing in Mobile, Alabama, and that the crux of that testimony was the urging by several elected officials, and the veterans residing in the Mobile area, to consider the renovation of an existing hospital within that area.

This, Mr. Chairman, is unacceptable to me, as well as to the veterans here today, due to the fact that a demonstrated need for such a venture cannot be documented.

From a fiscal standpoint, the renovation of the above hospital will be equal to or exceed the projected cost of $51,750,000 for the new facility, under the Medical District 10 plan, and in terms of numbers, the 350 beds proposed under the renovation plan exceeds the projected need for that area.

I would therefore urge you, Mr. Chairman and the members of the Select Subcommittee on Oversight, to support the initiative plans which represent the most documented and feasible way of addressing the health care needs of the veterans, not only in the State of Florida, but also in the Nation as a whole.

Again, I appreciate the opportunity of appearing before you today, and if I, as chairman, of the Committee on Veterans' Affairs, or my staff may provide you with any assistance, please feel to contact our office.

RESOLUTION OF COMMITTEE ON VETERANS' AFFAIRS STATE OF FLORIDA HOUSE OF REPRESENTATIVES

(A memorial to the Congress of the United States, urging Congress to dispense federal funds to states for state veterans' homes on a documented need basis)

Whereas, there are approximately 1.5 million veterans current residing in Florida and Florida is the fastest growing states in the nation is veteran population, and

Whereas, over 4,000 veterans are moving to Florida each month and Florida's veteran poplution increased 43.3 percent from 1970 to 1980 and is projected to increase by year 1990 to approximately 1.7 million, and

Whereas, almost 17 percent of Florida's present veteran population is age 65 and older and it is projected that by year 1990 that almost 41 percent of Florida's veteran population will be in this age group, and

Whereas, Florida has recognized its responsibility to seek an answer to the growing needs of its aging veteran population and has applied to the Veterans Administration for federal funds to construct a domiciliary home for veterans, and

Whereas, Florida is presently rated 42nd among 50 states applying for such federal funds, Now, therefore,

Be It Resolved by the Legislature of the State of Florida, That the State of Florida does hereby urge the Congress of the United States to dispense federal funds to states to be used in constructing state homes for veterans on the basis of documented need rather than on order of application.

Be it further resolved, That copies of this memorial be dispatched to the President of the United States Senate, the Speaker of the United States House of Representatives, and to each member of the Florida delegation to the United States Congress.

PREPARED STATEMENT OF DOYLE CONNER, FLORIDA COMMISSIONER OF AGRICULTURE

Mr. Chairman, it is a well known fact that there now are some 93,000 veterans living in West Florida from the Apalachicola River westward to the state line, and that that number is projected to increase to about 110,000 veterans by the turn of the century.

This area of Florida is the location of numerous military installations, to which thousands of members of the armed forces are attached. Servicemen living here now with families are likely to become permanent residents of our state and more particularly of this area they complete their careers on active duty status.

The state as you well know was one vast training ground during World War II for members of Air Corps, Navy, Marines and Army. Many of those service personnel chose to return here permanently after cessation of those hostilities. These new residents gave this state its greater population growth of modern time. Now, as is well known, almost everyone, it appears, want to relocate to Florida. The last count we had, almost 800 persons per day are doing that.

We know that many of those new residents of Florida will be veterans and potential clients and users of a new hospital in West Florida. While the Florida Panhandle growth has started somewhat later than that of other more southerly areas of our state, it is now among the most prolific in attraction as new people whose military service may have been performed elsewhere than Florida, but who nonetheless want to become residents of the territory encompassing Gulf, Bay, Walton, Washington, Okaloosa, Jackson Santa Rosa and Escambia Counties.

Our state government is now planning for the accommodation of millions of new civilian citizens of Florida who will come from other states in the next decade. I urge that the Federal government share in this effort and provide for the health needs of new resident veterans of the armed services.

I strongly endorse the building of a new Veterans Hospital in Florida and lend my full support to your locating is here in West Florida for the use and benefit of increasing numbers of veterans in this area of the southern United States.

Thank you.

STATE OF FLORIDA,
DEPARTMENT OF EDUCATION,
Tallahassee, FL, May 2, 1985.

Hon. DANIEL A. MICA,
Congressman, 14th District,
West Palm Beach, FL.

DEAR CONGRESSMAN MICA: Let me take this opportunity to add my comments to the many you have been and will be receiving on the advisability of siting the proposed veteran's hospital here in Florida.

Approximately 800 individuals from throughout the United States daily arrive in Florida. Many of them are here for retirement purposes. Those retirees seek not just Florida's justly reknowned sunny climate, but also arrive here secure in the knowledge that the Sunshine State can provide the vital health care services they need. A fairly high percentage of these retirees are veterans and could utilize the services of such a hospital as is being proposed.

The many seasonal visitors who winter in Florida are also potential clients of the health care services a veteran's hospital would provide to them, either as out-patients or as in-patients.

The need, therefore, can be documented. Such a hospital would without a doubt be utilized. It would also serve, I might add, as an entirely appropriate adjunct to the numerous and rather substantial military presence already in Florida, providing a system of greatly enhanced health care service to the men and women (and their families) who are active or retired members of the armed forces. They are serving or have served their country well.

Of course, such a facility could rely heavily upon a steady supply of well-trained, motivated and highly dedicated health care professionals and support staff. I hope that the sub-committee will take full and thoughtful consideration of these and other compelling factors making Florida a most desirable site for the planned veteran's hospital.

Sincerely,

RALPH D. TURLINGTON.

WHY A NEW VETERAN ADMINISTRATION HOSPITAL SHOULD BE CONSTRUCTED IN FORT WALTON BEACH RATHER THAN MOBILE, AL?

ECONOMIC REASONS

Currently, $80,000,000 of the taxpayer's money is being spent to renovate the V.A. Hospital 60 miles or less from Mobile, in Biloxi, Mississippi. If the old Provident Hospital in Mobile is purchased by the V.A., at least another $25,000,000 will be spent excluding an unknown renovation cost. We would be losing $40,000,000 in an area where a facility is not needed, based on the $65,000,000 or less cost projected for a needed facility in Northwest Florida. How can the Mobile deal be wise use of the taxpayer's money?

DEMOGRAPHIC AND GEOGRAPHIC REASONS

All demographic and geographic correlates support a facility in Fort Walton Beach. V.A. studies project an 18 percent veteran population growth in the next 15 to 20 years for Northwest Florida and an actual decline in the Biloxi-Mobile regions. There are three times as many veterans in Northwest Florida than the Mobile region and more than the combined South Alabama Mississippi regions. Why have another facility, not needed, 60 miles from an existing one when a facility is desperately needed approximately 200 miles away?

"THE PROVIDENT DEAL" REASONS

The "two-by-four" affect, suggested in the attached copy of the Mobile editorial, brings clear, crisp focus on some pertinent background about Provident Hospital's fight to move to suburbia, after years of yeoman service to the Mobile inner city. The reasons Provident gave the state of Alabama and the city of Mobile included lack of space for horizontal expansion, an unsound structure for vertical expansion, and its location in a high crime area, making continued service increasingly unprofitable. Perhaps, the V.A. should begin to give appropriate consideration to purchasing existing facilities to save money, but the "Provident Deal" is no deal. We must use the same standards for others as we use for ourselves. No more and no less is just. Why should our courageous veterans, who have defended our right to disagree and dissent about this issue, be relegated to lesser standards and concerns? That is the fundamental issue in the "Provident Deal."

TARIQ H. ABDULLAH, M.D.,
A veteran and native of northwest Florida.

FLORIDA HOUSE OF REPRESENTATIVES,
Tallahassee, FL, April 30, 1985.

Hon. G.V. MONTGOMERY,
Chairman, Committee on Veterans Affairs,
Cannon House Office Building, Washington, DC.

DEAR CONGRESSMAN MONTGOMERY: Thank you for sending me an invitation to attend the Oversight Committee hearing in Niceville, Florida, regarding the location of a new veterans hospital for the Gulf Coast region. Due to my responsibilities

in the Florida Legislature, I am unable to travel to the meeting, but am very pleased to be able to address the committee members by letter.

I appreciate the opportunity you have provided Floridians to express their viewpoints. We are convinced that all veterans would be best served if the hospital is located in the Florida Panhandle. As the studies have shown, the veteran population of Florida is growing at a more rapid rate than in neighboring states. I realize that there are many factors on which you will base your decision, but easy access to the greatest number of people should be high on the priority list.

The veterans in my community of Pensacola, Florida, join me in urging you to seriously consider locating the veterans hospital in the Florida Panhandle.

With regards,

VIRGINIA B. BASS,
Representative.

PREPARED STATEMENT OF RONNIE J. EVERITT, COMMANDER, BAY COUNTY CHAPTER 106, DISABLED AMERICAN VETERANS

As Commander of Disabled American Veterans, Bay County Chapter 106, I wish to convey our chapters appreciation, for your support of a Veterans Administration Medical Center, somewhere in the Florida Panhandle.

Please be advised, Bay County Chapter 106 represents over four hundred, disabled veterans, from all wars and conflicts. Many veterans in this area, suffer in silence, do without medical treatment because of the lack of a facility in the area.

Many veterans located in the Panama City area, are retired military with service connected disabilities and must wait two or three weeks for an appointment at Tyndall Air Force Base. Due to nonavailability of such care, seek civilian care at their own expense. The total 100 percent disabled veteran, with arms, legs and torned bodies have no choice but to seek treatment at a VA facility. The distance, 200 hundred miles, one way adds an additional hardship of traveling, waiting for hours to be seen and over night admissions, create a hardship not on the veteran alone, but his wife and children, whom are required to furnish transportation.

Any VA Medical Facility, if located in a reasonable traveling area would be utilized by the service connected veteran, eliminate the excessive traveling and removal of the veteran from his families and friends.

Bay County Chapter 106, wishes to state, we desire a Veterans Administration Medical Facility, somewhere in the Florida Panhandle. The Fort Walton Beach area is an excellent suggestion and will be a service to our veterans.

PREPARED STATEMENT OF SENATOR LAWTON CHILES

I am pleased to be able to present testimony today concerning the health care needs of veterans in the northwest area of Florida. For years those of us in Congress who represent the veterans in this area have been made aware of the present and estimated future needs for medical care facilities. We hear first-hand from veterans attempting to get treatment or seek hospitalization. And we hear about long trips to VA facilities and frequent delays due to excessive demands on staff and services.

These problems and anticipated pressures on VA health services have been documented by the VA as well. In the VA "Final Report on Future Bed Need and Potential sites for New VA Hospitals in Florida" (June, 1983) it was concluded that "Florida ranks among the top four of all VA medical districts and exceeds the VA national average on each of five predetermined indicators of suppressed demand." The "Thirty Year Study of the Needs of Veterans in Florida" points out the need for a hospital to be built in the Florida Panhandle. Additionally, the "Florida Panhandle Workbook" prepared by Medical District 10 concludes the need for a general medical and surgical hospital in the Florida panhandle. And finally, both the 1983 and 1984 MEDIPP plans recommended Okaloosa County as a possible site for the location of a 225 bed facility.

Northwest Florida currently has an estimated 100,000 veterans and, according to a Veterans Administration study, it is the only area in the Medical District with sustained growth in veterans' population over the next decade. However, in spite of demographic information supporting the location of a hospital in northwest Florida, The VA is now currently exploring the possibility of acquiring an existing facility in Alabama to meet the needs of veterans in a more "cost-effective" way. It is critically important to plan and construct VA hospitals on the basis of demographic need, and I am now understandably concerned that the VA is considering deviating from rec-

ommendations of its own planners regarding the need for a VA Medical Center in northwest Florida.

It was just about a year ago when I first heard reports about the availability of the hospital in Mobile, Alabama. I wrote to Administrator last June stressing the need to adhere to the VA's own long-term planning process. Last August I was encouraged when the Medical District 10, District Planning Board voted to recommend that the VA not accept the Hospital in Mobile. Then, however, the next I knew the House Veterans Affairs Committee was holding a hearing on this matter in Mobile. It is may understanding this decision now rests with the Administrator. I last spoke with Mr. Walters on this matter on March 22 and he assured me he would keep me posted on further developments. At that time I urged him to reject the recommendation to purchase the existing hospital in Mobile, Alabama.

I fully appreciate and support efforts on the part of the Veterans Administration to look for the most cost-effective way to meet the health care needs of eligible veterans. However, in this instance, I question the long-range savings of utilizing an existing hospital for VA purposes in Mobile, Alabama when it has already been demographically demonstrated that the health care needs of veterans can best be met by locating a facility in Northwest florida. Any short-term savings achieved by purchasing an existing hospital is clearly offset by long-range costs associated with having a facility in an area which is not where the majority of veterans in the District presently reside and is not where the majority of veterans are projected to reside in the future.

If we are to achieve the goal of responding to the increasing demands for health care benefits and services for our nation's veterans, then we must ensure that medical facility planning and construction is based on demographic need. For this reason, I hope the VA will move forward in their planning for a VA medical facility in Northwest Florida.

VETERANS HOSPITAL COMMITTEE,
May 2, 1985.

Congressman DAN MICA,
Committee on Veterans' Affairs, Special Select Subcommittee on Oversight, 355 Cannon House Office Building, Washington, DC.

DEAR CONGRESSMAN MICA: Please accept the sincere thanks of our Veterans Hospital Committee for your interest in improving veteran care on the Gulf Coast.

As you know, we are advocating VA acquisition of the Providence Hospital in Mobile as the best and most practical answer to the lack of VA availability in our area. We are absolutely convinced that the ten year sooner aspect, the cost effective aspect, the need aspect (much better known by the veterans than anyone else), render this matter quite urgent.

Be sure, Mr. Mica, that we have no wish to delay or deny care to any veteran anywhere through our activities. We just see the Providence Project as the quickest and best, and maybe the only answer for the most of us.

The enclosed Statement is respectfully submitted for the Hearing Record, as requested. It represents members of the American Legion, Veterans of Foreign Wars, Ex-Prisoners of War, Vietnam Veterans, Marine Corps League, and tens of thousands of veterans at large.

Again, our sincere thanks and appreciation for your work in behalf of Gulf Coast Veterans.

Sincerely yours,

JOHN M. TYSON, Sr.,
JAMES H. JACKSON, Sr.,
ROBERT BOSARGE.

PREPARED STATEMENT OF THE VETERANS' HOSPITAL COMMITTEE

NEED

As leaders of the major veterans organizations, we have, for many years, been acutely aware of the agony suffered by our members' inability to obtain desperately needed medical services. Some of the elements and evidence of need present in this situation do no seem to draw any attention from the V.A. We can hear at every veteran gathering about waiting lists, lack of availability of beds, long distances, and long waits. We are aware of this inability to obtain services is not unique to veterans living in southern Alabama, but is also a problem suffered by our distin-

guished members living in both Mississippi and Florida. One has only to look at the use rate of Veterans Administration medical facilities by veterans along the central Gulf Coast to come to the irrefutable conclusion that additional medical facilities are desperately needed. This use rate is 2 percent of that of eligible veterans, as compared to the national use rate of 20 percent. Having heard pleas from our members for assistance in obtaining needed medical services, we can assure you that having the lowest rate in the entire nation is not due to a lack of desire by our membership to use Veterans Administration medical facilities. Having the lowest rate in the nation is due to the undeniable fact that medical facilities along the Gulf Coast are totally inadequate to meet the critical needs of area veterans. Mileages and veterans locations are also critical and are, in fact, the only factor that the V.A. will admit to considering in planning. Mileage considerations are complex and confusing, because not every V.A. facility provides every category of care. The tertiary care to be provided in Mobile is now the least available to the Gulf Coast veterans and any veteran, in Mobile or elsewhere, must travel long distances for acute care. While recognizing that the V.A. cannot place a hospital near every veteran, we find it quite disappointing that the V.A., and particularly District Ten, is reluctant to join us in our efforts. We are aware of their inside influences as to, "turf", and other political influences. We do not see our project as harmful to any other veteran anywhere. Historically, however, the agency has been only one member of the team that works in behalf of veterans. Aside from veterans themselves, the Congress has been at the forefront of providing veteran care as well evidenced by this hearing. It appears that everyone is in agreement that additional medical facilities are desperately needed along the central Gulf Coast. The Florida Panhandle Study, developed by Medical District Ten, shows a minimum need for approximately 215 medical-surgical beds to serve the needs of the eight counties located in the Panhandle of Florida. Medical District Ten studies also show a need for 87 hospital beds to serve the needs of the veterans in Baldwin, Clark, Mobile, Monroe, and Washington Counties in southern Alabama. Using Medical District Ten's figures, one could conclude that there is a need for a minimum of 302 additional medical-surgical beds to serve the veteran population living in the five Alabama coast counties and eight Florida Panhandle counties. A recent study conducted by Pannell, Kerr & Forster stated that, "over 50 percent of the veterans on the central Gulf Coast are located within one hour's driving time of Mobile, Alabama." Approximately 70 percent of the veterans along the central Gulf Coast live within one and one-half (1½) hours' driving time of Providence Hospital.

The study concluded that, "locating a Veterans Administration Medical Center in Mobile would lead to the highest likely usage by Gulf Coast area veterans." In addition to the need for a minimum of 302 hospital beds, Medical District Ten also projects a need for an additional 1,050 nursing home beds in the State of Alabama. A recent study conducted by Ernst & Whinney, Inc. concluded that Mobile and southern Alabama was the Number One priority of additional nursing home facilities. The Alabama Department of Veterans Affairs and the State Veterans Home Committee are very favorable toward acquisiton of the School of Nursing building connected to Providence Hospital as a suitable veterans home. This could be easily done and would put the Alabama Veterans Home Committee years ahead of schedule in their goal to establish veterans' homes. Currently, there are none in south Alabama.

Even though everyone is in complete agreement that additional medical facilities are desperately required to meet the medical needs of the Gulf Coast veterans, there is considerable difference of opinion on where those facilities should be located. Without the availability of Providence Hospital in Mobile, one might conclude that additional facilities should be located in the exact geographical and population center of the Alabama and Florida counties. With the availability of Providence Hospital, however, it seems that logical men would address the practicality and the cost effectiveness of purchasing an existing facility located near a fully accredited medical university. Acquisition of Providence Hospital, located within one hour's driving time of over 50 percent of the veterans on the Gulf Coast, would not only provide the 302 hospital beds projected as needed by Medical District Ten, but would also provide facilities for the acute shortage of nursing home beds needed in southern Alabama. We pray that your committee, in this time of budget crises, can set aside the debate on location and concentrate on the practicality and cost effectiveness of acquiring Providence Hospital to meet the pressing medical needs of all Gulf Coast veterans.

Unfortunately, many of our members, both in Alabama and Florida, would never live to benefit from a newly constructed facility in either location, since a newly constructed facility could not be complete and opened before 1995. We respectfully

point out the necessity for additional medical facilities to meet the Gulf Coast veterans needs is now—not 1995.

MEDICAL SCHOOL AFFILIATION

Much has been written in the past several years on the advantage of locating Veterans Administration Medical Centers in close proximity to university medical schools. The University of South Alabama College of Medicine is located in Mobile, Alabama, in close proximity to the site of Providence Hospital. The University of South Alabama College of Medicine is the only medical school along the central Gulf Coast. The Medical College is a member of the Association of American Medical Colleges, and is accredited by the Liaison Committee on Medical Education.

The location of a Veterans Administration Medical Center at the Providence Hospital site would greatly benefit both the Veterans Administration and the University of South Alabama College of Medicine, according to Doctor Stanley E. Crawford, Dean of the College of Medicine. The benefits from such an arrangement are numerous, as follows: (1) An affiliation with the College of Medicine would permit the V.A. to recruit a more outstanding qualified medical staff than might otherwise be possible; (2) the V.A. would have the use of professional and administrative resources of the College as needed; (3) the two entities could share expensive equipment in order to avoid needless duplication, yet provide maximum use of the equipment for the V.A. patients; (4) the College of Medicine would be available to provide medical, nursing, and allied health staff with continuing medical education; and (5) the V.A. would have use of the quality consultant services of the faculty of the College of Medicine on a selected basis.

The location of a Veterans Administration Medical Center at Providence Hospital, in close proximity to the University of South Alabama, is in keeping wih many well documented studies showing that the affiliation between the Veterans Administration and medical schools inevitably generates significant research and medical studies. Research funding greatly enhances the effectiveness of both the medical school and the Veterans Administration hospitals. It would be sad, indeed, if the Veterans Administration did not take advantage of the opportunities available by not locating the proposed additional facilities needed by Medical District Ten near the only medical college located along the central Gulf Coast.

CONDITION OF PROVIDENCE HOSPITAL

As you could see from your subcommittee's tour of the hospital, Providence Hospital is in excellent condition. At the request of the Office of the Administrator, official from the Veterans Administration Department of Medicine and Surgery, and the Office of Construction, conducted a facility survey of Providence Hospital on March 26-28, 1984. The purpose of this visit was to review the facilities of Providence Hospital, determine its condition, and consider its potential adaptability for use as a V.A. Medical Center.

The seven person survey team was headed by Mr. Robert L. Neary, Jr., Director of the V.A. Facilities Planning Service. During their two and one-half day intensive survey, this examined Providence Hospital from basement to rooftop. They examined mechanical, electrical, plumbing, and support systems of the hospital, in addition to its architectural and structural condition. The team carefully examined the building for asbestos and found none. In his report, Mr. Neary described the Providence Hospital complex as a 349 bed acute care hospital, containing modern coronary and intensive care units, a 34 station renal dialysis unit, modern support services, radiation therapy services, a 120 bed School of Nursing dormitory, and paved parking areas to accommodate 1,000 vehicles.

After analyzing the data collected during the survey, the V.A. team concluded that the Providence Hospital building is well maintained and in good to excellent condition. The survey team report concludes: "It is the team's belief that if a programmatic determination were made to establish a Veterans' Administration Medical Center in Mobile, the Providence Hospital could be adapted to serve this role."

In addition to Mr. Neary's team site visit, Mr. Ralph Casteel, Special Consultant to the House of Representatives Vetrans Affairs Committee and an authority on veterans facilities, visited Providence Hospital on April 2-3, 1984. At the conclusion of Mr. Casteel's visit to Providence Hospital, he reported the following observations to Chairman Montgomery: (1) The Providence Hospital in Mobile, Alabama is a well equipped and excellently maintained tertiary care hospital. (2) The appriased value of the property is $24 million. The appraisal was accomplished by the firm of Courtney & Morris Appraisals, Inc., of Mobile. This firm is a member of the American Institute of Real Estate Appraisers, and the Society of Real Estate Appraisers. The

value would appear to be a very fair market price for this property. Mr. Casteel reported, "In my opinion, it (Providence Hospital) could be obtained at a most favorable prices."

Mr. Anthony J. Principi, Counsel for the Senate Veterans Affairs Committee, visited Providence Hospital on July 18, 1984 and reported his findings to Senator Alan K. Simpson. Based on Mr. Principi's report, Senator Simpson concluded in a letter written to Harry Waters, Administrator of Veterans Affairs, that "Should the need for an additional V.A. Medical Center be determined through the MEDIPP for the Florida Panhandle and Southern Alabama, I would request that consideration be given for the acquisition of an existing facility such as Providence Hospital."

In addition, hundred of area veterans have also toured the entire facility during the past year. Everyone locally agrees with our distinguished visitors from Washington, D.C. that Providence Hospital is in excellent condition and could be readily adapted serve as a V.A. medical facility.

COST EFFECTIVENESS

The appraised value of Providence Hospital is $24 million. This appraisal was completed by the firm of Courtney & Morris Appraisals, Inc., of Mobile, Alabama. This firm is a member of the Institute of Real Estate Appraisers. The $24 million appraised price includes the 349 medical-surgical beds, a 126 bed School of Nursing dormitory building, and a connecting 300 seat auditorium. The Florida Panhandle Workbook, developed by Medical District Ten, recommends the construction of a 225 bed Veterans Administration Medical Center at Ft. Walton Beach, Florida, at an estimated cost of approximately $67,500,000.00 based on the V.A.'s current cost estimates of $300,000 per bed. In addition, the Alabama Veterans Affairs Nursing Home Study recommends the acquisition of or new construction of a 150 bed nursing home facility in southern Alabama at an approximate cost of $8 million. The total cost of constructing the 225 bed hospital as proposed by Medical District Ten and the 150 bed nursing home facility as proposed by the Alabama State Department of Veterans Affairs would be $75,000,000. Assuming construction costs will increase at a conservative 3 percent per year, the cost of a new facility in 1995 would be not less than $100 million.

In a recent study by Pannell, Kerr & Forster, comparing the acquisition cost of Providence Hospital to the construction cost of a new facility located in Ft. Walton Beach, Florida, the firm stated it favored acquistion of Providence Hospital by the Veterans Administration, based on the $24 million appraisal price which is a cost of approximately $69,000 per bed, savings to the V.A. of $231,000 per bed. In addition to this savings, the study indicated that Providence Hospital included a wing suitable for conversion to a nursing home that would result in an additional savings of approximately $8 million.

Mr. Ralph Casteel, Special Consultant for the House Veterans Affairs Committee, in his report to Chairman Montgomery, stated, "V.A.'s per bed cost estimate for construction would put new construction (Ft. Walton Beach) at an estimated $67.5 million for a new 225 bed facility." Mr. Casteel stated that this 349 bed facility (Providence Hospital), including necessary modifications, would cost much less.

In a February 2, 1984 report to the United States Senate on the Budget, Mr. David Stockman offered eight possible areas for future structural reform and major budget savings. Mr. Stockman reported that there are ways the nation can provide health care to its veterans at substantially lower costs. He stated that this, however, could come about only if current policy framework within the Veterans Administration is adjusted. Among the recommended structural reforms made by Mr. Stockman was the option of requiring the V.A. to make wider use of excess facilities in the private health care system. It appears to us that the purchase of Providence Hospital, deemed to be in excellent condition by a Veterans Administration Site Survey Team and Mr. Ralph Casteel, Special Consultant to the House Veterans Affairs Committee, would be in keeping with the recommendations made by Mr. Stockman. In addition to Mr. Stockman's report, the Veterans Administration document, "Caring for the Older Veteran", stated that in order to satisfy the projected needs and demands, the Veterans Administration must choose from several options-new construction, acquisition of existing capacity through purchase or lease, federal support of state facilities, and various contractual arrangements for services. The report clearly states the Veterans Administration is committed to meeting real health care by using most cost effective options that provided for high quality health care.

The American Medical Association has also urged Congress to require that the V.A. investigate the purchase or lease of existing underutilized medical facilities

before initiating any replacement construction of federal health care facilities. The cost effective acquisition of Providence Hospital is in keeping with the policy position of the Veterans Administration, the recommendations of the Office of Management and Budget, the recommendations of the American Medical Association, and the policies of the present Administration. In this period of budget deficits and fiscal crisis, it is inconceivable that the officials of Medical District Ten could not see the cost effectiveness of the acquisition of Providence Hospital over the development of a new, smaller facility located in Ft. Walton Beach, Florida, costing approximately four times as much as Providence Hospital.

SUMMARY

To summarize our position, we submit the following:

(1) The veteran population along the cental Gulf Coast will increase at a rate in excess of the national average. The heaviest concentration of veterans live in the Mobile area. The second largest concentration of veterans is in the Pensacola area, which is within commuting distance to Mobile. Over 50 percent of the veterans living along the central Gulf Coast are within one hour's driving time of Mobile.

(2) The veteran population will continue to age, requiring a significant increase in V.A. medical services. The Alabama Veterans Affairs Study on Nursing Home Care for Veterans ranked Mobile first as a potential V.A. nursing home/domiciliary site due to its location and major veterans population.

(3) Representatives of the major service organizations have voiced united support for the establishment of a V.A.M.C. in Mobile to meet the growing and currently unmet needs of the veterans along the Gulf Coast of Florida and Alabama. Use rate by area veterans are the lowest in the nation due to the inaccessibility of current facilities. The Medical District Ten studies conclude that an additional 302 hospital beds are needed to meet the growing needs of veterans in southern Alabama and the Panhandle of Florida.

(4) Additionally, the Alabama Department of Veterans Affairs projects a need for an additional 150 nursing home beds in Alabama.

(5) Providence Hospital, a 349 bed acute care hospital, with an attached 126 bed School of Nursing, has become available and could be used to meet this identified need in a much more cost effective manner than building a new facility. The use of existing private facilities to meet V.A. needs is in keeping with the position of the Office of Management and Budget, the Veterans Administration, and the American Medical Association. Providence Hospital could be purchased by the Veterans Administration for one-fourth (¼) of cost of constructing a new, smaller facility.

(6) Providence Hospital has been determined to be in good to excellent condition and adaptable to serve as a V.A.M.C. by an engineering firm from the Veterans Administration Central Office.

(7) The location of the University of South Alabama College of Medicine practically adjacent to the Providence Hospital greatly enhances the proper staffing of a V.A.M.C. The V.A.'s current policy prohibits the construction of a V.A. hospital where there is no medical school.

(8) In an economic climate when the budget cuts and economy are the rule, a chance for the V.A. to save almost $70 million should not be overlooked.

(9) A recent announcement by Congressman Hutto of a multimillion dollar comprehensive outpatient facility that is funded and under construction. This facility will alleviate the need for emergency and outpatient services for the Panhandle, while acute cases could be stabilized for transfer to Mobile.

(10) Currently, the need for additional medical services for the veterans along the Gulf Coast is now—not 1995.

CONCLUSION

We unanimously agree with Mr. Ralph Casteel's observations and recommendations in his report to Chairman Montgomery. Mr. Casteel's observations were:

(1) "The Providence Hospital, Mobile, Alabama, is a well equipped and excellently maintained tertiary care hospital.

(2) The appraised value of the property (less medical equipment) is $24 million. The appraisal was accomplished by the firm of Courtney & Morris Appraisals, Inc., of Mobile. This firm is a member of the American Institute of Real Estate Appraisers, and the Society of Real Estate Appraisers. The value would appear to be a very fair market price for this property.

(3) Most, if not all, of the medical equipment in the Providence Hospital could be purchased by a buyer through negotiations. This would include such items as a com-

puter system, CAT Scanner, and sophisticated laboratory equipment. In my opinion, it could be obtained at a most favorable price.

(4) It has been consistently emphasized by the Committee Staff that the need for a V.A. Medical Center in this area must be determined by the V.A. Should such a need by determined to exist in southern Alabama, or the Panhandle of Florida, it would be both prudent and economically essential for serious consideration to be given to acquiring this property. V.A.'s cost per bed estimate for construction would put new construction at an estimated $67.5 million for a 225 bed facility. This 349 bed facility, including necessary modifications, in my opinion, would cost much less.

(5) The location of the University of South Alabama College of Medicine, practically adjacent to the Providence Hospital, greatly enhances the proper staffing of a V.A. Medical center at this location, as opposed to the communities of Ft. Walton Beach, Panama City, and Pensacola, Florida.

(6) The heaviest concentration of veterans in the area discussed is in Mobile County, Alabama. This is followed by the three most western counties of the Florida Panhandle (Escambia, Santa Rosa, and Okaloosa), all of which are located within reasonable commuting distance of Mobile."

In light of the above, Mr. Casteel stated: "I believe this matter should be further pursued with the Administrator of Veterans Affairs, and my recommendations are that:

(1) Should the V.A. determine that there is a need for a medical center to serve the veterans in the Panhandle of Florida and southern Alabama, the Administrator be urged to give serious consideration to the acquisition of Providence Hospital, Mobile, Alabama.

(2) Should the V.A. determine that a new V.A. Medical Center is to be constructed in the Panhandle of Florida, as recommended by the Panhandle of Florida Workbook, the agency be required to show that Providence Hospital would not be suitable to meet the needs of veterans in south Alabama and the Panhandle of Florida, and it would not be economically feasible to purchase this property versus new construction. This can be accomplished under the authorization process required by Section 5004, Chapter 81, Title 38, U.S.C.

(3) Should the V.A. opt for new construction in either of the three locations mentioned in the Florida Panhandle Workbook (Ft. Walton Beach, Panama City, and Pensacola), the agency be required to show that staffing of such facility can be accomplished without undue difficulty and that the quality of care to be provided would be comparable to or exceed that which is provided in the community of Mobile, with a close affiliation with the University of South Alabama College of Medicine."

We urge your Committee and the Veterans Administration to seriously consider the approval to purchase Providence Hospital as a demonstration project to test the cost effectiveness and feasibility of using alternatives to provide for the increasing veterans needs in times of budget crisis. The Office of Management and Budget, the Veterans Administration, the American Medical Association, and several highly respected consultants have all suggested that the development of such alternatives may well be the only approach to meet the needs of an aging population.

In the case of Providence Hospital, the need for an additional facility has already been established by the Medical District Ten planning process. The facility has been deemed to be in good to excelent condition by a team of engineers from the Veterans Administration. It is located in close proximity to an accredited medical college, and is far more cost effective than constructing a new facility. The Veterans Administration will never find a better opportunity to test the feasibility of utilizing alternatives to the high cost of medical care provided by the Veterans Administration.

DEPARTMENT OF INSURANCE AND TREASURER,
Tallahassee, FL, May 2, 1985.

Hon. EARL HUTTO,
U.S. Representative, First District,
Federal Building,
Panama City, FL.

DEAR EARL: I would like to express my appreciation to you for your efforts to located a V.A. hospital in West Florida. As you know, with the large numbers of military retirees who are locating in West Florida, the need for a hospital is becoming acute.

I am sure at this public hearing you will hear testimony from many members of veterans' organizations as well as the Veterans Administration itself, all indicating the dire need for the hospital to be located in West Florida.

Thanks for this opportunity for me to be able to express this concern. If I am provide any further information or be of any further assistance, please let me know.

Sincerely,

BILL GUNTER,
State Treasurer and Insurance Commissioner.

PREPARED STATEMENT OF DONALD B. THOMPSON, DIRECTOR, SOUTHEASTERN REGION, VETERANS' ADMINISTRATION

Mr. Chairman, members of the subcommittee and guests, I am honored to represent the Veterans' Administration here today in consideration of the health care needs of veterans in the northwest area of Florida.

Joining me today are Mr. Malcom Randall, director, Medical District No. 12, and Mr. William King, acting regional planner and medical district planner, Medical District No. 10. Mr. James Caldwell, Director, VA Medical Center, Biloxi, Mississippi is also in attendance.

I would like to begin my testimony with a brief description of our Medical District Initiated Planning Program, known as MEDIPP; and the process and results of our efforts to adequately project the veteran population of the northwest or panhandle area of Florida.

In 1981, the Veterans' Administration embarked upon a grassroots planning process based upon the premise that local knowledge of demand, resource needs, and existing capabilities would result in more efficient services and better resource utilization than would decisions based upon planning which was centrally controlled and directed. Each of the 28 medical districts of the Department of Medicine and Surgery was assigned the responsibility for developing plans based upon veteran population, other demographic data and workload trends in the individual medical centers. The specific planning effort was to be accomplished by district planning boards consisting of clinical and administrative representatives of each facility in the district. This initiative has since provided us with four consective years of comprehensive plans identifying need and potential strategic options to meet those needs, as well as, an excellent data base for projects, estimates, and decision making.

During the initial MEDIPP cycle [process] Medical District No. 10 established that the eight district 10 counties of the Florida panhandle contained 83,270 veterans. In 1980, the veteran population for those counties was projected at 97,080 for 1990; 100,240 in 1995; and 101,450 by the year 2000. Those eight counties are, Bay, Escambia, Holmes, Jackson, Okaloosa, Santa Rosa, Walton, and Washington.

On December 23, 1981, a congressional directive accompanying Public Law 97-101 mandated a 30-year study of the needs of veterans in Florida. This study was directed due to the rapid growth of the veteran population of the entire State of Florida over the past two decades and the continued growth expected by the year 2010. The study, using the processes developed in our initial MEDIPP cycle, was limited to projecting estimates of hospital, domiciliary, and nursing home beds and outpatient care needs. Included in the geographic and demographic consideration was all of Medical District No. 12, which consists of Peninsular Florida and 19 counties in Georgia; and the 8 Florida panhandle counties in District No. 10.

The final report of the 30-year study contained recommendations that a site for locating a new hospital be determined in one of three urban counties of the panhandle: Bay, Escambia, or Okaloosa; and that the proposed site be a hospital of approximately 215 beds.

Since these counties were under the jurisdiction of Medical District No. 10 and served by medical centers at Biloxi, Mississippi, Montgomery, Alabama, and Tuskegee, Alabama, a recommendation was made that District No. 10 assume responsibility for making the final specific recommendation for Hospital, outpatient, and nursing home resources within those 8 counties and also consider the option of sharing with the Department of Defense hospitals in lieu of new VA construction. As part of the 1983 MEDIPP cycle, a second report was published, in September 1983, entitled the "Florida Panhandle Study."

These studies based projected hospital bed needs on the VA/GAO bed sizing model which assumes that historic rates of hospital use will contine in the future. Input for these studies came from VA medical center planning committees; veterans review groups for medical district planning; the district professional councils, the district administrative councils, and the district executive councils. It was determined that the "supply of inpatient and outpatient services—for Florida veterans—should be comparable to National Levels of availability." The "final report" con-

servatively projected the need for an addition of 1,525 beds in Florida by the year 1995 and utilized the following indices: (1) 1995 total veteran population in a theoretical primary service area (PSA); (2) 1995 veteran population over 50 miles from an existing VA hospital but within 50 miles of as potential site; (3) 1995 veteran populations over 75 miles from an existing VA hospital but within 75 miles of an existing site, (4) distance from the population center of the potential site to the nearest exisiting VA hospital; and, (5) PSA access index which combines distance and population factors to measure overall potential improvement in access. Of primary consideration was that new hospitals should be located at sites more than 75 miles from existing facilities which would minimize the negative impact on the utilization of those existing or planned hospitals. These exhaustive studies which required 2 years to complete identified four final potential sites, including: (1) Palm Beach County—625 beds; (2) Brevard County—470 beds; (3) one of the Florida panhandle counties—215 beds (only after the utilization of available Department of Defense (DOD) beds in lieu of new construction be evaluated); and (4) Lee County—215 beds. The planners agreed that the these facilities be nonteaching hospitals and provide predominantly primary and secondary services.

It is through the MEDIPP process that the VA identifies present services, projected needs, and recommended additions, deletions or changes in services. A planning board consisting of professional and administrative persons representing all VAMC's within a district is charged with identifying areas for change. After careful study, the recommendations of the the planning board are reviewed by community advisory groups including service organization representatives and finally by the district executive council (DEC), comprised of all directors within a district. The recommendations of the district executive council are forwarded to the VA Central Office for a series of reviews by the Regional Directors, the Associate Deputy Chief Medical Director including a review of all professional services involved, the Chief Medical Director, national service organization representatives, local congressional staff, and finally, the Administrator of Veterans' Affairs, for approval as a planning document.

The 1983 medical district initiated planning program, Medical District No. 10, using these indices, determined that Okaloosa County, Florida, was the most appropriate site for beds in the northwest Florida area. The data upon which that determination was made were again reviewed in the 1984 MEDIPP cycle and the determination remains unchanged.

In making this site determination, a theoretical primary service area for an Okaloosa County Medical Center was established. The service area consisted of 18 counties in northwest Florida, Southeast Alabama, and southwest Georgia. Within those 18 counties was, in 1982, a veteran population of 107,450 with an increase projected to 119,500 by 1990 and continuing to increase to 122,910 by the year 2000. The overall projected projected increase was 14.4 % and 18 % increase within the Florida counties.

Within a 75-mile radius of the Okaloosa site there are 101,601 veterans projected by 1990. In comparing this site with other standard metropolitain areas of the panhandle, we learned that 57,000 veterans reside within 75 miles of Panama City, and 76,527 within 75 miles of Pensacola, excluding the Mobile, Alabama area presently served by VA Medical Center Biloxi. Therefore, Okaloosa County is the most centrally located area to the greatest number of veterans residing in the panhandle area with a sustained population growth projected through the year 2000.

Medical Districts No. 10 and No. 12, through the MEDIPP process, took into consideration the potential for use of Department of Defense medical facilities in the 1983 Florida panhandle study. A review of the capabilities at the Pensacola Naval Hospital, the Eglin Air Force Base Hospital, and Tyndall Air Force Base was made. This review indicated that the utilization rates and the numbers of beds actually in operation at these facilities were insufficient to meet veteran care needs. A similar review was made in 1984 which indicated no substantial improvement in bed availability.

Each of these Department of Defense facilities have substantial active duty and dependent care demads witin their catchment areas. The Department of Defense has recently advised us that, in addition, 10,992 military retirees reside in the Pensacola Naval Hospital jurisdiction, 8,636 in Eglin Air Force Base area, and 4,635 in the Tyndall/Panama City area. These retirees have entitlement to care by the Department of Defense. Those who are eligible for care from the Veterans' Administration but have no service increased disabilities have a relatively low priority of care and are subject to space and resource availability.

The northwest Florida area is currently underserved due to distances to existing VA Medical centers. The closet VA medical center is Montgomery, Alabama, 122

miles to the north, followed by Tuskeegee, Alabama, at 126 miles. Both of these facilities are inland and without direct major highway connections. Interstate highway transportation, air traffic, and most bus traffic runs east and west. Biloxi, Mississippi, is 147 miles west of Okaloosa County and Lake City is 236 miles east. These distances and travel conditions substantially limit access to the veteran or northwest Florida.

No VA facility currently exists in the area. However, within the next week, ground will be broken for an outpatient clinic in Pensacola, Florida, to serve the outpatient needs of veterans in the extreme west section of the panhandle and east of Mobile, Alabama. The clinic is being planned to provide for 50,000 visits by the year 1990 and will operate under the jurisdiction of VA Medical Center, Biloxi, Mississippi. The Director of that facility, Mr. James Caldwell, has met with the commanding officer, Capt. A.M. Martinson, MC, USN, to explore the sharing potential with the Pensacola Naval Hospital when our clinic is activated. A Number of services are available at the Naval Hospital such as: intensive care for emergency admissions; diagnostic radioisotope and ultrasound capabilities; specialized servcies in OB/GYN, cardiology, respiratory, neurology, dermatology, orthopedic, ophthalmology, otorhinolaryngology, and urology. Specific sharing agreements will be negotiated as construction of the clinic progresses. Activation is expected in Mid-1986.

The MEDIPP process employed by Medical Districts No. 10 and No. 12 has been comprehensive, thorough, and consistent with well-defined criteria, standards, and methodologies utilized in health care industry planning, in both the public and private sectors. This process has been fully and impartially applied to data accumulated from a great variety of sources and has produced plans that are feasible, reasonable, and demographically supportable. The Veterans' Administration has been fully cognizant of national budgetary considerations and has not taken lightly the cost implications of acquiring additional facilities. Our goal is to place our resources where they will provide the greatest access to services to the largest number of veterans possible. We are confident that Okaloosa County as a potential medical center site fulfills this goal.

That concludes my remarks. Thank you for the opportunity to appear.

PREPARED STATEMENT OF COL. ARNOLD N. LUBIN, COMMANDER, USAF REGIONAL HOSPITAL, EGLIN AIR FORCE BASE, FL

Good morning Mr. Chairman and members of the Committee. I am Colonel Arnold N. Lubin, Commander of the United States Air Force Regional Hospital at Eglin Air Force Base, Florida. It is a distinct honor to come before you today to present information you requested concerning the Eglin Regional Hospital.

At 165 authorized beds, the Eglin Regional Hospital is the sixth largest hospital among the sixty-six Air Force hospitals in the continental United States (CONUS). It has a dual mission of wartime support of several contingency plans and peacetime care of over 63,000 active duty and retired military personnel and their dependents and survivors. In addition, civilian employee health services are provided to 4,504 DoD civilian employees and emergency medical care is provided to 749 Federal prisoners. Other missions include the provision of consultant services to beneficiaries primarily served at Moody, Robins, and Tyndall Air Force Bases and operation of one of ten Air Force Alcohol Treatment Centers.

Specialty and subspecialty care is offered in most areas with the notable exception of neurosurgery and cardiology. Major services offered include primary care, family practice, aerospace medicine, Internal medicine, pediatrics, general surgery, OB/GYN, urology, ophthalmology, and orthopedics. The average daily inpatient load is 131. In an average day there are 1,524 outpatient visits, 3,314 prescriptions filled, 6,863 laboratory procedures performed and 602 x-rays taken, and 2,009 dental procedures performed. This includes the workload done at the small medical/dental clinic at Hurlburt Field, about 10 miles from Eglin Air Force Base.

Presently there are no sharing agreements between the Eglin Hospital and Veterans Administration hospitals. The nearest VA facilities are Montgomery, Alabama, 4 hours away; Gulfport, Mississippi, 4 hours away; and Gaineswille, Florida, 6 hours away.

The distance and saturation of our facility with our current beneficiaries effectively precludes sharing of services. Many clinics have long waiting times for appointments for retired personnel and their dependents and survivors. Arrival of an additional orthopedic surgeon in the summer should alleviate some of the strain but the fact remains that on an average day 41 of our beneficiaries are hospitalized in civilian hospitals and 98 seek civilian outpatient care under the Civilian Health and

Medical Program of the Uniformed Services (CHAMPUS) because we either lack the space and/or personnel to take care of them.

This does not include those beneficiaries (primarily those over 65) who are not eligible for CHAMPUS or those who use private insurance for their health care.

Thank you Mr. Chairman, I would be happy to answer any questions you may have.

PREPARED STATEMENT OF CAPT. ALICE M. MARTINSON, COMMANDING OFFICER, NAVAL HOSPITAL, PENSACOLA, FL

Mr. Chairman and distinguished members of the subcommittee, I am Captain Alice M. Martinson, Commanding Officer, Naval Hospital, Pensacola, Florida, and I am appearing before you today, at your request, to present information concerning the Naval Hospital.

The primary mission of the Naval Hospital is to provide a comprehensive range of emergency, outpatient and inpatient health care services to active duty Navy and Marine Corps personnel and active duty members of other Federal uniformed services. Subject to the availability of space and resources, we also provide the maximum range and amount of comprehensive health care services possible for other authorized persons as prescribed by Title 10, U.S. Code.

The Naval Hospital Pensacola is located two miles West of Pensacola on Highway 98, adjacent to the Naval Technical Training Center, Corry Station. The hospital is a modern 139 bed acute care medical and surgical facility. A list of speciality services is provided in Figure One.

FIGURE 1

(Facilities and Services)

Medical Services: Alcohol/Substance Abuse; Dermatology; Emergency Medicine; Family Practice; Family Practice Residency Program; Internal Medicine; Cardiology; Intensive Care Unit; Neurology; Respiratory Therapy; Occupational Health/Preventive Medicine; Pediatrics; Psychiatry; Clinical Psychology.

Surgical Services: Anesthesiology; Dental; General Surgery; Obstetrics/Gynecology; Ophthalmology; Orthopaedics; Podiatry; Otorhinolaryngology; Urology.

Ancillary Services: Clinical Nutrition; Laboratory; Histopathology; Blood Bank; Pharmacy; Physical Therapy; Radiology; Ultrasound; Diagnostic Radioisotopes; Social Work Services.

The hospital is fully accredited by the Joint Commission on the Accreditation of Hospitals. The hospital provides both inpatient and outpatient services to approximately 90,000 uniformed service members and other eligible beneficiaries who reside in Northwest Florida, Southern Alabama, and Mississippi. An overview of eligible beneficiaries is shown in Table One.

TABLE 1: *Ambulatory catchment population estimate* [1] [2]

Naval hospital and branch medical clinics

Active Duty	21,184
Dependents of Active Duty	24,095
Retired	14,946
Dependents of Retired	27,704
Survivors	1,669
Total	89,598

[1] Source: DOD Resource Analysis and Planning System Report.

[2] Scope: Includes population data for Naval Hospital, Pensacola, Florida, Branch Medical Clinics Naval Air Station, Pensacola, FL, Naval Technical Training Center, Corry Station, Pensacola, FL, Naval Air Station, Whiting Field, Milton FL, Naval Coastal Systems Center, Panama City, FL, Naval Air Station, Meridian, MS, Construction Battalion Center, Gulfport, MS, Branch Medical Clinic Annexes at Saufley Field, Pensacola, FL, Pascagoula and Bay St. Louis, Gulfport, MS.

In addition to providing medical care at the core hospital facility, the Naval Hospital is responsible for providing medical care to eligible patients who present for treatment at eight branch medical clinics located throughout Mississippi and Northwest Florida. A list of Branch Medical Clinics is shown in Figure Two.

FIGURE 2: NAVAL HOSPITAL, PENSACOLA, FL, BRANCH MEDICAL CLINICS/ANNEXES

Branch Medical Clinics/Annexes: Naval Air Station, Pensacola, Florida. Annex: Saufley Field, Pensacola, FL., Naval Technical Training Command, Corry Station, Pensacola, Florida. Naval Air Station, Whiting Field, Milton, Florida. Naval Air Station, Meridian, Mississippi. Construction Battalion Center, Gulfport, Mississippi. Annex: Pascagoula, MS., Bay St. Louis, MS. Naval Coastal Systems Center, Panama City, Florida.

The Naval Hospital Pensacola is a part of Naval Medical Command, Southeast Region, Jacksonville, Florida. All resources required to operate this command and provided by Commander, Southeast Region.

Reflected in Table Two through Five are various data concerning workload accomplished in our facilities:

TABLE 2: INPATIENT PRODUCTIVITY DATA

	Fiscal year—			
	1982	1983	1984	1985 [1]
Admissions	6,873	7,097	7,408	3,622
Average Daily Census	94	103	102	102
Births	963	1,014	1,106	528
Occupied Bed Days	30,803	37,428	37,406	17,479

[1] Includes Data for 1st and 2nd quarters only

TABLE 3: OUTPATIENT VISITS FOR NAVAL HOSPITAL

	Fiscal Years—			
	1982	1983	1984	1985 [1]
Visits	248,336	271,254	295,447	148,150

[1] Include data for 1st and 2nd quarters ont;

TABLE 4: ANCILLARY SERVICES DATA

	Fiscal Year—			
	1982	1983	1984	1985 [1]
Laboratory	1,544,119	1,471,341	1,443,200	692,857
Radiology	195,225	223,557	186,701	86,865
Pharmacy	399,178	485,719	526,278	307,914

[1] includes data for 1st and 2nd quarters only

TABLE 5: OUTPATIENT VISITS BRANCH MEDICAL CLINICS/ANNEXES

	Fiscasl year—			
	1982	1983	1984	1985 [1]
Naval Air Station Pensacola, FL	68,935	63,537	64,040	28,593
Naval Technical Training Center, Corry Station, Pensacola, FL	36,394	36,061	32,212	14,797
Naval Air Station Whiting Field, Milton, FL	49,030	46,377	43,441	22,087
Naval Air Station Meridian, MS	46,581	44,360	37,949	17,465
Naval Construction Battalion Center, Gulfport, MS	34,569	40,965	36,221	16,033
Naval Coastal Systems Center, Panama City, FL	8,818	9,937	9,258	4,577
Total	244,327	241,237	223,121	103,552

[1] Includes data for 1st and 2nd quarters only.

The Veterans Administration Hospital, Biloxi, Mississippi provides support services to eligible VA beneficiaries who reside in the U.S. Naval Home, Gulfport, Mississippi without benefit of a formal sharing agreement. A formal agreement be-

tween Branch Hospital, U.S. Naval Home, Gulfport, Mississippi and VA Hospital, Biloxi, Mississippi for sharing of radiological services is currently being staffed.

A Veterans Administration outpatient clinic managed as a branch of VA Hospital, Biloxi, is projected to open in Pensacola in May 1986. Recent conversations with officials at VA Hospital, Biloxi, have conformed our comment in principle to the maximum degree of sharing practical between Naval Hospital Pensacola and VA Biloxi Branch Clinic, Pensacola. The scope of services at VA Branch Clinic has not been determined at this time, but I foresee our support to be in the ancillary or administrative areas. Naval Hospital Pensacola has neither the space nor medical staff to provide inpatient services now or in the foreseeable future. When a decision is reached by VA officials as to type of services that will be provided. we will enter into discussion leading to a comprehensive sharing agreement.

PREPARED STATEMENT OF COL. PAUL V. HUMBERT, COMMANDING OFFICER, U.S. AIR FORCE HOSPITAL, TYNDALL AIR FORCE BASE, FL

I am Colonel Paul V. Humbert, the Hospital Commander, at the United States Air Force Hospital, Tyndall Air Force Base, Florida. I thank you for inviting me to the subcommittee meeting this morning.

The United States Air Force Hospital Tyndall is a three-story, self-contained facility, constructed in 1967 at a cost of 1.5 million dollars. It is an 80-bed frame, with two operating rooms, two delivery rooms, 12 bassinets in the nursery and a 5-bed special care unit. The remainder of the facility is for outpatient clinics and support. However, because of the age of the building and for safety reasons, only 62,000 square feet of the 84,300 square feet are workable. Several of the hospital functions are now located outside of the main hospital building, and these occupy another 30,500 square feet. These include the main supply warehouse, 6,000 square feet; supply administration and warehouse, 3,000 square feet; the Bioenvironmental Engineer/Environmental Medicine building, 6,000 square feet; the Squadron Section/Resource Management Office/Optometry Clinic, 6,000 square feet; physical therapy and mental health clinic, 6,000 square feet; the physiological training unit, 3,000 square feet; and a maintenance building, 320 square feet. The outpatient portion of the facility was not designed for the current number of outpatients so that now there is only one exam room per provider. In addition, the patient waiting areas include the hallways next to the provider's office, which is a safety and privacy problem. The pharmacy and x-ray departments lack sufficient space for efficient operation. The age of the facility is necessitating service closure and downtime for maintenance. The delivery suite was closed in March/April 1985 for one month to replace the air conditioning ducting. The surgical suite was closed a month in the fall of 1984 for similar type work. The Base Engineer points out all the air conditioning air handlers must be replaced this year. Several projects are in the planning phase for adding or altering the Hospital. It will be a least five years before any is completed.

In January 1985, Tyndall Hospital was designated a 45 operating bed hospital because of the patient census. Average daily inpatient load for the previous six months was 34 patients. The average daily outpatient visits during that time were 610.

The population served by the Tyndall facility based on the United States Air Force Provider Requirements Integrated Specialty Model (PRISM) III report of 30 June 1984 is as follows: active duty, 5,500; dependents of active duty, 9,100; retired, 5,400; dependents of retired, 10,300; survivors, 500; for a total of 30,800. To provide care for this population, the PRISM III Plan developed by the Air Force Surgeon General shows a requirement for 34 physicians and 23 physician extenders. Currently, there are 21 physicians, three nurse providers, and six physicians assistants assigned. The Tyndall Hospital has the following services: internal medicine, general surgery, obsteterics and gynecology, family practice, aerospace medicine, emergency medicine, optometry, radiology, pediatrics, psychiatry and mental health. There are no sharing agreements with any Veterans Administration (VA) facility. The closest VA facilities to Tyndall Hospital are the Tuskegee, Alabama VA Hospital or Montgomery, Alabama VA Hospital, both of which are 190 miles away. At this time, none of the current beneficiaries are denied care in this facility for primary medical care which is provided by the mentioned specialties. All of the patients with complicated medical problems are transferred from Tyndall Hospital by ambulance to the United States Air Force Regional Hospital, Eglin Air Force Base, Florida, or the United States Air Force Medical Centers at Keesler Air Force Base, Mississippi, or Lackland Air Force Base, Texas, by aeromedical evacuation. Many seriously ill pa-

tients too sick to be aeromedical evacuated are sent to the two civilian hospitals in Panama City, Florida.

Thank you, sir.

PREPARED STATEMENT OF HARRY R. MCDONALD, JR., COMMANDER, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA

Mr. Chairman and distinguished members of the subcommittee, I am Harry R. McDonald Jr. and in my current capacity as the Commander of the Disabled American Veterans, Department of Florida, I represent the interests of the more than 66,000 members of the Disabled American Veterans here in the state of Florida. As a veteran who incurred disabilities during my period of active military service, which spanned more than 27 years, I was very delighted to receive your recent letter regarding today's hearings in which you indicated that you would address the "Health care needs of veterans residing in Northwest Florida." I have been a resident of Northwest Florida for a number of years now and I know first hand the problems that my neighbors and I have in obtaining Veterans Administration health care.

Mr. Chairman, on March 15, 1985, I had the pleasure and privilege of addressing the Subcommittee on Hospitals and Health Care during hearings which were held in Mobile, Alabama. At that time I made the statement that, "The need for a VA hospital is in the Florida Panhandle where the greatest number of veterans reside and where the number of veterans is increasing daily." Mr. Chairman, in the VA's Medical District Initiated Program Planning (MEDIPP) conducted by Medical District 10, the VA identified the need for a VA hospital to be built in the Florida Panhandle. This recommendation on the part of Medical District 10 was only made after the Veterans Administration had identified the fact that the Florida Panhandle is the only area in Medical District 10 which will have sustained growth in veterans population during the next decade.

Mr. Chairman, presently Northwest Florida is home to an estimated 100,000 plus veterans, many of whom are in desperate need of VA medical facilities to provide treatment for their service incurred disabilities. Mr. Chairman, to ask veterans who have already given so much to this country to travel 100 to 200 miles in order to obtain medical treatment that was guaranteed to them by their government, is an insult to these men and women.

Mr. Chairman, at the present time, Florida ranks 41st among the States in the number of available VA hospital beds as per 1,000 veterans. The national average at the present time is approximately 3.13 beds per 1,000 veterans but Florida has only 2 beds per 1,000 veterans. When you consider the fact that Florida has the oldest average age veteran population in the nation, it becomes very apparent that 2 beds per 1,000 veterans is totally inadequate to meet the medical needs of Florida's veterans.

Mr. Chairman, one other factor which has a great bearing on the medical needs of veterans in the State of Florida is the migration which is currently taking place in this country. During the five year period of 1975 through 1980, the State of Florida had an in migration of approximately 300,000 veterans and between now and the year 2,000 our total veteran population is expected to reach a figure of between 1.8 and 2 million veterans.

Mr. Chairman, from these figures it is very apparent that planning has to be done now to meet the special medical needs of this rapidly increasing and rapidly aging veterans population. Only by addressing the problem now will we be able to meet the medical needs of Florida's veterans.

Mr. Chairman, the establishment of a Veterans Administration hospital in the Okaloosa County area would go a long way towards meeting the immediate and the long term needs of the veterans who reside in Northwest Florida. By locating a VA hospital in the Okaloosa County area, the VA will be providing our 100,000 plus veterans with access to quality medical care, something which has been denied them for too long. In addition, a VA hospital in the Okaloosa County area will be in a position to serve as a back up facility to the military hospitals in the area. This support would be invaluable if the this nation became involved in a major conflict.

Mr. Chairman, this concludes my statement. Before closing, I would like to express to you and to the members of this Subcommittee my sincere appreciation for your interest in and concern for the veterans who reside in Northwest Florida.

PREPARED STATEMENT OF SAM SIDEBOTTOM, COMMANDER, AMVETS, DEPARTMENT OF FLORIDA

Mr. Chairman, Representatives, and all others present, on behalf of the American Veterans, may I say it is an honor and a privilege to appear before the distinguished committee to present the views of the delivery of health care to the Veterans of Northwest Florida.

Veterans living in this area do not have the luxury of being within an hour's drive to reach a VA Medical Center or Outpatient Clinic. They must travel many miles further to receive medical treatment and/or hospitalization to Montgomery (150-200 miles), Birmingham (233-283), Tuskegee (185-235), or Biloxi, MS (200-250). The nearest facility to us in Northwest Florida is the Lake City VA Medical Center, a distance of 292 miles from Pensacola, Florida.

The movements of veterans to specific areas of this nation is ever increasing, and will continue into the near future, thereby creating an imbalance between the previous allocated resources and veterans needs. When an area experiences a boom in their veteran population the VA must become more alert to these changes and allocate more money to that area. We are in a 16-18 percent rate growth area, one of the nation's highest and it is clear that VA medical dollars have not increased through the decade in proportion to the population growth and health care demands of the eligible veteran community.

It is now time for the VA Administrator to start putting funds and facilities in the areas where the large veteran population live, not build facilities in areas with a decline in veterans population.

Take our older veterans, they not only need long term care facilities and services, but require more acute care than their younger counterparts. They have more admissions in a given time period and they require longer stays for treatment or similar aliments. The distance to the VA Medical Centers here in VA District 10 puts an additional burden on the family and/or friends since many of these veterans are not in good enough health to drive themselves, therefore, they must be driven up the day before their appointment. I say treat the veteran and his family with dignity and compassion.

We ask your support in bringing to the Panhandle a centrally located hospital that will be within 75 miles of the majority of our veterans.

PREPARED STATEMENT OF

HONORABLE ROY H. BROOKS, CHAIRMAN

FLORIDA COMMISSION ON VETERANS' AFFAIRS

SUBMITTED ON BEHALF OF

GOVERNOR BOB GRAHAM
STATE OF FLORIDA

GOOD MORNING GENTLEMEN:

I BRING GREETINGS FROM GOVERNOR BOB GRAHAM, WHO IS UNABLE TO ATTEND THIS MORNING DUE TO A PRIOR COMMITTMENT TO ADDRESS A COMMENCEMENT CEREMONY AT ONE OF OUR STATE'S MAJOR UNIVERSITIES. GOVERNOR GRAHAM IS, HOWEVER, VITALLY CONCERNED THAT THE VOICES OF FLORIDA'S VETERANS SHOULD BE HEARD IN TODAY'S MOST IMPORTANT DISCUSSIONS.

GOVERNOR GRAHAM WISHES TO THANK THE COMMITTEE FOR PROVIDING AN OPPORTUNITY FOR FLORIDA VETERANS TO EXPRESS THEIR VIEWS REGARDING TODAY'S SUBJECT MATTER, VA HEALTH CARE IN FLORIDA - AND, IN PARTICULAR, THE PROPOSED PURCHASE OF A MOBILE, ALABAMA HOSPITAL FOR CONVERSION AND USE BY THE VETERANS ADMINISTRATION. WHILE THESE TOPICS MAY SOUND RATHER MUNDANE AND PERHAPS EVEN BORING TO SOME, I ASSURE YOU THIS IS NOT THE CASE AS FAR AS FLORIDA'S VETERANS ARE CONCERNED. IN MANY RESPECTS THESE HEARINGS ARE A CLEAR SIGN OF WHAT THEY MIGHT EXPECT IN THE FUTURE REGARDING VETERANS ADMINISTRATION HEALTH CARE IN GENERAL. NOT ONLY WOULD THE ACQUISITION OF THE MOBILE HOSPITAL REPRESENT A FIRST IN TERMS OF THE VETERANS ADMINISTRATION'S USUAL PRACTICE OF CONSTRUCTING THEIR OWN FACILITIES, IT MUCH MORE BROADLY COMMUNICATES EITHER THE INTENTION (OR LACK THEREOF) OF THE VA TO ADDRESS

MAJOR EXISTING PROBLEMS IN ITS DELIVERY OF HEALTH CARE TO FLORIDA VETERANS.

FLORIDA IS ALREADY WELL KNOWN AS THE STATE WHEREIN VETERANS EXPERIENCE THE GREATEST DIFFICULTY IN RECEIVING VA HEALTH CARE IN THE NATION. SOME AREAS OF THE NATION RECEIVE, FOR EXAMPLE, THREE TIMES AS MUCH VA OUTPATIENT CARE AS DO FLORIDA VETERANS. THE LEVEL OF VA HOSPITAL BEDS PER THOUSAND VETERANS IN FLORIDA IS ROUGHLY ONE-HALF THAT WHICH IS ALREADY AVAILABLE TO VETERANS IN ALABAMA. EXPANDING THIS POINT IN "LAYMAN'S" TERMS, FOR FLORIDA TO BE BROUGHT TO THE NATIONALLY ESTABLISHED LEVEL OF AVAILABLE BEDS PER 1000 VETERANS WOULD REQUIRE THE CONSTRUCTION OF 1,591 MORE VA HOSPITAL BEDS IN THE STATE. HOWEVER, FOR FLORIDA TO CLAIM PARITY WITH ALABAMA'S PRESENT ACCESS TO VA HOSPITAL CARE WOULD REQUIRE THE CONSTRUCTION OF 3,515 ADDITIONAL BEDS IN THIS STATE. AS STATED TIME AND AGAIN IN THE VA'S LITERATURE, THE DEGREE OF UTILIZATION OF VA HEALTH CARE IS KNOWN TO BE CONTROLLED ALMOST ENTIRELY BY THE ACCESS TO IT. IN FLORIDA, ACCESS TO VA HEALTH CARE IS EITHER "SUPPRESSED OR CONSTRAINED" ACCORDING TO THE VA'S TECHNICAL REPORTS. WHILE THIS INFORMATION HAS BEEN KNOWN TO THE VA FOR QUITE SOME TIME, NO TANGIBLE EVIDENCE OF THIS UNDERSTANDING CAN BE DETECTED IN THE ACTIONS OF THE VA'S CENTRAL OFFICE IN TERMS OF THEIR RESOURCE ALLOCATIONS.

IN VOICING OUTRAGE AT THE THOUGHT OF THE MOBILE ACQUISITION PROPOSAL, FLORIDA'S VETERANS ARE ONLY ATTEMPTING TO ACHIEVE SOME SEMBLANCE OF EQUITY IN THE LARGEST HEALTH CARE SYSTEM IN THE WORLD - ONE FOR WHICH THEY PAID WITH THEIR SERVICE EQUALLY TO BECOME ELIGIBLE TO ACCESS - ALSO, ONE FOR WHICH THEY NOW PAY MORE THAN THEIR FAIR SHARE IN FEDERAL TAXES TO SUPPORT.

FLORIDA VETERANS HAVE COME TO EXPECT LESS ACCESS TO THE VA HEALTH CARE DELIVERY SYSTEM THAN ANY OTHERS IN THE NATION. THOSE FLORIDA VETERANS OF THE PANHANDLE REGION OF THE STATE, IN A PARTICULALY ACUTE EXAMPLE, ARE UNABLE TO ACCESS ANY MAJOR VA HEALTH CARE FACILITY WITHIN A 100 MILE RADIUS OF THEIR RESIDENCE. THIS SITUATION IS UNIQUE IN THE SOUTH-EAST, EXCEPT FOR SOME VETERANS WHO RESIDE IN THE SOUTHERN PORTION OF FLORIDA.

AS DOCUMENTED IN A RECENT STUDY CONDUCTED BY THE FLORIDA COMMISSION ON VETERANS' AFFAIRS, FLORIDA IS BEING SHORT-CHANGED BY APPROXIMATELY $141 MILLION DOLLARS PER YEAR IN VA HEALTH CARE RESOURCES AT PRESENT. THIS HIGHLY CONSERVATIVE ESTIMATE IS BASED UPON THE AVERAGE PERCENTAGES OF SERVICES DELIVERED BY THE VA BOTH IN TERMS OF INPATIENT AND OUTPATIENT CARE - SIMPLY PROJECTING WHAT ADDITIONAL SERVICES FLORIDA COULD EXPECT IF THEY EXPERIENCED PARITY OF ACCESS

COMPARABLE TO NATIONALLY ESTABLISHED STANDARDS.

FLORIDA IS PERHAPS THE ONLY STATE IN THE NATION PROJECTED BY THE VA TO EXPERIENCE MAJOR ADDITIONAL GROWTH IN ITS VETERAN POPULATION. IN STARK CONTRAST, THE REST OF THE NATION IS ANTICIPATED TO EXPERIENCE A DECLINE IN ITS NUMBER OF MILITARY VETERANS. THEREFORE, IF LEFT UNATTENDED, FLORIDA CAN ONLY ENVISION A WORSENING SITUATION FOR ITS VETERAN POPULATION, WHILE THE REST OF THE NATION RECEIVES EVEN MORE FAVORABLE LEVELS OF SERVICES OF THIS TYPE.

ALSO, AS THE ABOVE STATEMENTS RELATE ONLY TO THE ACTUAL NUMBERS OF VETERANS RESIDING IN THE STATE OF FLORIDA, OTHER FACTORS TEND TO FURTHER EXACERBATE OUR TROUBLED SITUATION. AS IS WELL KNOWN TO THOSE WHO OBSERVE THE VA HEALTH CARE SYSTEM, PERHAPS THE MOST SIGNIFICANT FACTOR AT PRESENT REGARDING THE USE OF VA HEALTH CARE IS THAT OF AGE. CURRENTLY, FLORIDA HAS THE HIGHEST MEDIAN AGE POPULATION OF MILITARY VETERANS ANYWHERE IN THE NATION. IN ADDITION, IN TERMS OF THE DEMOGRAPHIC SHIFTING OF ELDERLY VETERANS, FLORIDA NOW IS THE DESTINATION FOR NEARLY ONE-QUARTER OF ALL VETERANS AGE 55 OR OLDER RELOCATING TO ANOTHER STATE. BY COMPARISON, FOR EVERY VETERAN AGE 55 OR OLDER MOVING TO ALABAMA, 20 ELDERLY VETERANS HAVE MOVED TO FLORIDA. IN NO RATIONAL SENSE CAN ALABAMA BE JUSTIFIED AS THE NEW LOCATION

OF ADDITIONAL VA HEALTH CARE FACILITIES OVER THE LOCATION OF SUCH FACILITIES IN THE PANHANDLE OF FLORIDA. THIS VERY POINT LEADS TO THE MAJOR QUESTION BROUGHT ABOUT IN THIS STATEMENT: WHEN WILL THE VA BE REQUIRED TO ALLOCATE RESOURCES MADE AVAILABLE TO IT ON A RATIONAL, EQUITABLE BASIS?

AS FLORIDA ATTEMPTS TO ACT AS AN ADVOCATE FOR ITS GROWING POPULATION OF MILITARY VETERANS, VA HEALTH CARE ISSUES QUICKLY EMERGE AS THEIR MOST PRESSING PROBLEM DEMANDING SOLUTION. WITH THE PRESENT AMBIGUITY BROUGHT ABOUT BY THE NEED TO REDUCE THE FEDERAL DEFICIT, HOWEVER, SERIOUS DOUBTS EXIST AS TO WHETHER FLORIDA CAN EVER EXPECT THOSE NEEDS TO BE ADDRESSED. IN AN AGE WHERE VA HEALTH CARE ITSELF IS QUESTIONED, HOW CAN FLORIDA VETERANS HOPE TO BE ACCORDED EQUAL ACCESS TO THE LARGEST HEALTH CARE PROVIDER IN THE UNITED STATES WHEN PROPOSALS SUCH AS THE ACQUISITION OF THE MOBILE FACILITY ARE TAKEN SERIOUSLY?

ROUGHLY ONE-AND-ONE-HALF YEARS AGO, IN DECEMBER OF 1983, THE FLORIDA COMMISSION ON VETERANS' AFFAIRS REQUESTED OF THE ADMINISTRATOR OF VETERANS AFFAIRS THAT FLORIDA BE CONSIDERED AS ONE VA MEDICAL DISTRICT, BY ITSELF. THIS MEASURE WAS REQUESTED ON THE BASIS IT WOULD INCREASE THE VA'S ABILITY TO MONITOR THE DYNAMIC STATE OF VA HEALTH CARE IN FLORIDA.

OTHER SPECIFIC ARGUMENTS ACCOMPANIED THIS REQUEST WHICH ALSO SUPPORTED THIS SUGGESTION AS WELL. IN THE BEGINNING WE WERE INFORMED THAT WE WOULD HAVE A COMPLETE RESPONSE TO OUR REQUEST WITHIN 30 DAYS. SOON AFTER, WE WERE INFORMED THAT A TASK FORCE WAS CONSIDERING THE REDELINIATION OF ALL VA MEDICAL DISTRICTS, INCLUDING THOSE WHICH SUBSUME THE STATE OF FLORIDA, AND THAT WE WOULD BE INFORMED AS TO THE RECOMMENDATIONS OF THAT TASK FORCE. ONE-AND-ONE-HALF YEARS LATER, WE HAVE YET TO HAVE OUR REQUEST RESPONDED TO IN ANY APFROPRIATE, DEFINITIVE MANNER. ONCE AGAIN, USING THE PROPOSED ACQUISITION OF THE MOBILE FACILITY IN QUESTION AS A CASE IN POINT, WERE STATE BOUNDARIES DEFINED AS THE LEVEL OF MONITORING OF VA RESOURCE ALLOCATIONS IT WOULD BE APPARENT THAT ALABAMA HAS SLIGHTLY MORE THAN TWICE THE NUMBER OF AVAILABLE VA HOSPITAL BEDS PER 1000 VETERANS AS FLORIDA.

ONCE AGAIN, THE DIVISION OF THE UNITED STATES INTO VA MEDICAL DISTRICTS SERVES TO CONFUSE AND CONFOUND THOSE WHO WOULD BE INTERESTED IN THE ESTABLISHMENT OF EQUITY IN THIS FEDERAL SYSTEM. IN THE VIEW OF THE FLORIDA COMMISSION ON VETERANS' AFFAIRS, THE SYSTEM OF VA MEDICAL DISTRICTS, AS CURRENTLY CONSTITUTED, ONLY SERVES TO PERPETUATE THE IMAGE OF THE VETERANS ADMINISTRATION AS A "PORK BARREL" AGENCY OF THE FEDERAL GOVERNMENT. RETURNING TO THE INITIAL CONCERN OF THE FEDERAL BUDGET, SUCH AN IMAGE CANNOT BE ALLOWED TO CONTINUE, OTHERWISE, ALL VETERANS WILL EVENTUALLY PAY THE PRICE FOR SUCH SHORTSIGHTEDNESS AS CONGRESS INEVITABLY COMES TO PERCEIVE SUCH GROSS AND UNJUST HANDLING OF FEDERAL FUNDS - A SITUATION WHICH WILL PRODUCE PREDICTABLE AND POSSIBLY TRAGIC RESULTS FOR ALL CONCERNED.

ONCE AGAIN, BOTH FOR GOVERNOR BOB GRAHAM AND THE VETERANS OF THE STATE OF FLORIDA, I THANK YOU FOR THIS OPPORTUNITY TO ADDRESS THESE ISSUES. THANK YOU!

Department of Administration

BOB GRAHAM
Governor
Gilda H. Lambert
Secretary of Administration

DIVISION OF VETERAN AFFAIRS
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ST. PETERSBURG, FLORIDA 33731
(813) 898-4443

SIMON F. STOVER
Director

STATEMENT OF SIMON F. STOVER, DIRECTOR
FLORIDA DIVISION OF VETERANS AFFAIRS
BEFORE THE SPECIAL SELECT SUBCOMMITTEE
ON OVERSIGHT OF THE VETERANS AFFAIRS COMMITTEE
U.S. HOUSE OF REPRESENTATIVES
NICEVILLE, FLORIDA
May 3, 1985

Mr. Chairman and Members of the Subcommittee:

It is an honor for me to appear before you today on behalf of the over 1.4 million veterans in Florida and in particular, the 117,000 veterans who reside in the Northwest Florida area (Tallahassee and west).

There are three areas of concern regarding the health care needs of veterans in Northwest Florida (Panhandle).

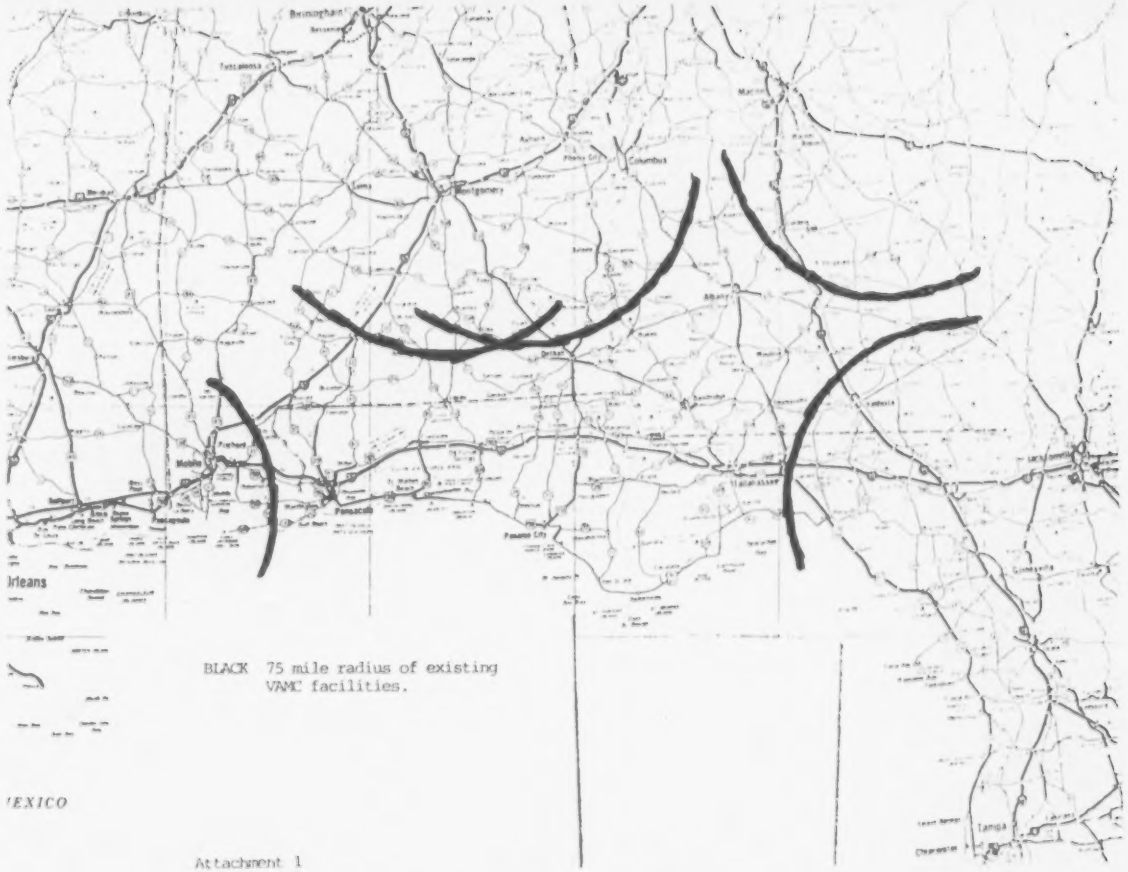
1. The lack of Veterans Administration medical facilities in Northwest Florida makes it necessary for the veterans of the area to travel in excess of 100 miles to receive treatment of any kind. The VA through its Medical District Initiated Program Planning (MEDIPP) process has adopted a 75 mile maximum traveling distance for Florida as most desirable. As indicated by Attachment 1 (map indicating 75 mile radius of existing VAMC's closest to Northwest Florida), all of the Panhandle lies outside the maximum desirable traveling distance. Veterans in Bay County must travel 180 miles one-way in order to use the closest facility.

The outpatient treatment situation will be alleviated somewhat with the opening of the Pensacola Outpatient Clinic planned for the summer of 1986. However, veterans residing in Bay County will still have to travel over 100 miles to this facility. In addition, there are 3,179 veterans in the Panhandle presently on the "Fee Basis" system. While fee basis is an alternative, it is more expensive than providing VA outpatient treatment. This still does not resolve the inpatient problem.

2. In-migration of veterans to Florida is astounding. The present veterans population of 117,000 from Tallahassee westward is expected to grow to 127,000 or 8.5 percent by 1990 and then to 132,207 by 1995. Florida is the fastest growing state in the nation in veterans population and VA projections indicate that this trend will continue. This will compound an already bad situation.

3. The aging veteran is, and will be creating a problem for the VA nationwide since older veterans have more health care needs. This is particularly true of Florida. Over 20 percent (280,000) of the present veteran population in Florida are 65 years and over. This number is projected to be 32 percent (464,000) by 1990 and 44 percent (664,000) by 1995. Not only will these veterans place a greater demand on the system, but they have greater difficulty traveling long distance for treatment.

Thank you very much for allowing me the opportunity to appear before you today.

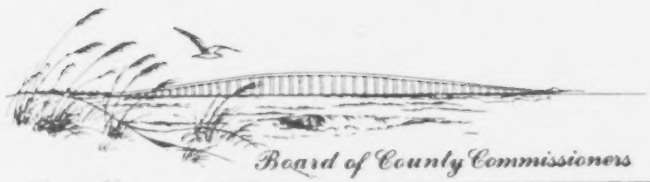


BLACK 75 mile radius of existing VAMC facilities.

EXICO

Attachment 1

Apr 30 1985



Board of County Commissioners

County Seat
Crestview, Florida 32536
Tel (904) 682-2711

Okaloosa County
Florida

Annex
Shalimar, Florida 32579
Tel (904) 651-3710

April 29, 1985

Congressman Montgomery - Members of the Hearing Panel:

I am Bill W. Peebles, Jr., Chairman of the Board of County Commissioners for Okaloosa County.

The purpose of my statement is to strongly support the 1983-84 Medical District 10 plan for a VA hospital in the Florida Panhandle, specifically Okaloosa County. The professional men and women involved in the planning process perceived the needs of the veteran community, gathered the data needed and produced an accurate, unbiased plan. A superb job of planning to my way of thinking.

As I am sure you are aware, according to the Data Book of VA Medical District 10 and the VA Office of Information, Management & Statistics, the veteran population of the twelve counties of the panhandle west of the Apalachicola River is projected to increase by 18% in the next 15 years. Northwest Florida has an estimated 100,000 veterans and "is the only area in Medical District 10 with sustained growth (in veteran population) over the next decade." This fact is vividly pointed out in the study conducted by the VA entitled "Final Report on Future Bed Need and the Potential Sites for New VA Hospitals in Florida." At present, for any one of the nearly 19,000 veterans living in Okaloosa County, our nearest VA medical facility, Montgomery or Biloxi, is approximately 150 miles. To the less affluent, this creates a hardship on, not only the ailing veteran, but members of his family. A VA hospital in the Florida Panhandle would not only serve the local veterans, but the 81,000 living in the other eleven counties, and would allow the many veterans in South Alabama and Mississippi to be served by the newly refurbished Biloxi facility.

As you may be aware, there is already a heavy burden being borne by the Department of Defense medical facilities as a direct result of the increasing number of retired military personnel moving to the Florida panhandle. Active duty military are given priority when requesting treatment, thereby causing added delays for the retirees. As such, they are using CHAMPUS benefits at civilian facilities due to the overcrowded conditions existing at these Department of Defense facilities. To consider the added extra burden of our worthy veterans to these facilities would certainly be an injustice.

In closing, as spokesman for the Board of County Commissioners, I wish to express our full support in the efforts of the VA to establish a hospital in the Florida panhandle within the next few years based on demographic need and not let politics dictate where it should go.

Thank you very much for this opportunity to speak before you today. If you have any questions, I will answer them if I can.

B W Peebles Jr

Bill W. Peebles, Jr., Chairman
Board of County Commissioners

SUBCOMMITTEE ON OVERSIGHT
VETERANS AFFAIRS COMMITTEE
U.S. HOUSE OF REPRESENTATIVES
CONGRESSIONAL HEARING
OKALOOSA-WALTON JR. COLLEGE
NICEVILLE, FLORIDA
MAY 3, 1985 AT 9:30 A.M.

MR. CHAIRMAN -- MEMBERS OF THE HEARING PANEL.

MY NAME IS DAVID W. CARTER. I AM EXECUTIVE DIRECTOR OF THE NORTHWEST FLORIDA AND BIG BEND HEALTH COUNCILS. THE FLORIDA PANHANDLE CONTAINS THE SECOND LARGEST AND FASTEST GROWING POPULATION OF VETERANS IN THE VETERANS ADMINISTRATION DISTRICT 10 INCLUDING ALABAMA, MISSISSIPPI, PART OF LOUISIANA AND NORTHWEST FLORIDA. DESPITE THE HIGH MORTALITY RATE OF WORLD WAR TWO VETERANS THE FLORIDA PANHANDLE IS STILL PROJECTED TO HAVE AN 18% RATE OF GROWTH THROUGH THE YEAR 2000. AT THAT DATE OVER 110,000 VETERANS WILL BE LIVING HERE AND IN NEED OF HEALTH SERVICES.

CONGRESSMAN SHELBY SAID IN MOBILE THAT FLORIDA VETERANS DID NOT NEED HEALTH SERVICES BECAUSE A LARGE NUMBER OF THEM WERE RETIREES WHO GO TO MILITARY HOSPITALS. THE MILITARY TELLS US THAT THEIR FACILITIES ARE SIZED TO MEET THE NEEDS OF THE ACTIVE MILITARY AND THAT RETIREES CAN ONLY BE SEEN ON A SPACE AVAILABLE BASIS. ALL I KNOW IS THERE ARE VETERANS IN MY NEIGHBORHOOD WHO ARE HURTING BECAUSE THE NEAREST V.A. HOSPITAL IS ABOUT TWO HUNDRED MILES AWAY AND YOU OR NO ONE ELSE CAN PROVIDE HEALTH CARE FORM THAT DISTANCE.

IN RESPONSE TO THE OVERWHELMING NEED FOR HEALTH CARE BY VETERANS IN THE FLORIDA PANHANDLE OVER THE PAST SEVERAL YEARS WE HAVE INITIATED PLANS FOR A V.A. CLINIC IN PENSACOLA WHICH, THANKS TO YOU, IS ABOUT TO BECOME A REALITY.

WE HAVE ALSO INCLUDED IN BOTH THE 1983 AND 1984 PLANS A 225 BED V.A. HOSPITAL FOR OKALOOSA COUNTY. JUST AS GREAT A NEED IS FOR A TATE V.A. NURSING HOME AND A V.A. OUTREACH CENTER IN THE PANAMA CITY AREA. THESE VETERANS HAVE BEEN UNDERSERVED FOR FAR TOO LONG AND WITH THE ANTICIPATED INFLUX OF VETERANS OVER THE NEXT FEW YEARS THEIR PLIGHT BECOMES MORE ACUTE.

I HAVE BEEN EXECUTIVE DIRECTOR OF THE NORTHWEST FLORIDA AND BIG BEND HEALTH COUNCILS SERVING THE 18 COUNTIES OF THE FLORIDA PANHANDLE FOR THE LAST TWO YEARS. PRIOR TO THAT, I WAS THE EXECUTIVE DIRECTOR OF THE AREAWIDE HEALTH PLANNING AGENCY IN MONTGOMERY, ALABAMA FOR FOURTEEN (14) YEARS. I HAVE ALSO PARTICIPATED IN REGULAR MEETINGS OF THE V.A. DISTRICT 10 MEDIPP COMMUNITY ADVISORY GROUP FOR THE LAST SEVERAL YEARS. IN OTHER WORDS, I HAVE BEEN INVOLVED IN HEALTH PLANNING FOR A LONG TIME.

THE PURPOSE OF THIS STATEMENT IS TO STRONGLY SUPPORT THE 1983 AND 1984 V.A. MEDICAL DISTRICT 10 PLAN. THE PLANNING PROCESS INCLUDING THE HARD DATA, THE PERCEIVED NEEDS OF THE VETERAN COMMUNITY AND THE TECHNICAL EXPERTISE OF PROFESSIONALS WERE ALL GIVEN EXHAUSTIVE EVALUATION IN THE DEVELOPMENT OF THIS PLAN. IN MY OPINION, IT IS THE MOST THOROUGH JOB OF PLANNING I HAVE WITNESSED IN MY SIXTEEN (16) YEARS AS DIRECTOR OF AN AREAWIDE HEALTH PLANNING AGENCY.

THIS V.A. PLAN LOOKS BEYOND THE FACTS WHICH ALL POINT TO THE OVERWHELMING NEED OF VETERANS IN THE FLORIDA PANHANDLE TO AN ACUTE INSIGHT INTO WHAT IT IS GOING TO TAKE TO MEET THOSE NEEDS.

MY SINCERE PLEA TO YOU, WHO ARE MEMBERS OF THE VETERANS AFFAIRS COMMITTEE, IS FOR YOUR HELP TO MAKE THESE DREAMS, FOR A FAIRER AND BETTER DAY, INTO A REALITY FOR THESE VETERANS.

THANK YOU VERY MUCH FOR THIS OPPORTUNITY TO SPEAK BEFORE YOU HERE TODAY. IF YOU HAVE ANY QUESTIONS I WILL BE GLAD TO ANSWER THEM IF I CAN.

NORTHWEST FLORIDA VETERANS COMMITTEE, INC.

645 Bailey Drive

Niceville, Florida 32578

29 April 1985

Veterans Affairs Committee
ATTN: Mrs. Pam Parker

REFERENCE: US House of Representatives Committee on Veterans' Affairs Ltr, 23 April 85

Dear Mr. Chairman and Honorable Representatives:

I am Charles "Chuck" Comer, Legislative Officer of Northwest Florida Veterans Committee, Inc. I am retired Air Force with over 30 years of service and 100 percent disability so I can speak for veterans who have diabilities. I have worked with veterans for the last 15 years and have personally driven them and their families to the VA hospitals in Birmingham, Montgomery, Tuscaloosa, and Tuskegee, all in Alabama. The average mileage, round trip, is 400 miles which is a long way to go to receive treatment and visit your loved ones. We need a VA hospital closer where our veterans can receive necessary medical care and their families could visit them because visitations are part of the treatment.

The military hospitals in Northwest Florida do not have the capability of "cat scans", dialysis, etc., all this must be done in a civilian hospital. If a veteran is under Medicare, he cannot be sent by the military hospital to a civilian hospital on CHAMPUS. If we had a veterans' hospital in Northwest Florida, the cost factor for the military hospital and for the veterans would be far less than it is now.

The Eglin AFB Hospital has a shortage of medical personnel; however, they have been providing outstanding service to a great number of eligible veterans and their dependents. It must be remembered that as the number of active duty personnel and their dependents increase, medical service in military hospitals can be restricted or denied to retired veterans. At the present time there is a shortage of orthopedic doctors and cardiologists at the Eglin Hospital. As of 1 July 1985, dental service to retired military personnel will cease at Eglin Hospital.

The veterans of Northwest Florida do not have the necessary VA facilities within a reasonable distance to provide them with the care they have earned and deserve.

Thank you for your consideration.

Sincerely,

Charles D. Comer

CHARLES D. COMER
Legislative Officer

PREPARED STATEMENT OF HON. PAULA HAWKINS, A U.S. SENATOR FROM THE STATE OF FLORIDA

Mr. Chairman, I want to commend you and the House Veterans Affairs Committee for holding hearings in the Florida Panhandle to receive testimony regarding the health care needs of the area's veterans. There are few if any areas in the country where so many veterans have to travel so great a distance for VA health care. This hearing is timely and important.

Florida has one of the fastest growing veterans populations in the nation. New VA records are being opened or transferred into the state at the rate of 5,000 a month and reflect the phenomenal rate of growth. The Panhandle is receiving its share of this rapid growth. Compounding the increase of resident veterans moving into the state is the large "snowbird" population or the great number of Northern veterans who spend their winters in the state. The increase in the veteran population only exacerbates an already unacceptable situation which requires the area's many veterans to travel as much as 200 miles or more to receive necessary care at a VA hospital. Unable or unwilling to travel the great distance to get to a VA hospital, many of the Panhandle veterans seek care in local, private hospitals.

Responding to the very real concern that Florida is not getting its share of the Veterans Administration's resources, I have asked the Government Accounting Office to complete an analysis of the availability of health care in Florida as compared to Northern states whose veterans populations are decreasing. The study should be completed this summer, and will hopefully be helpful in focusing attention on the health care needs of Florida's veterans.

Like all of Florida, the Panhandle is projected to experience sustained growth through the year 2000. Of the 741,440 estimated veterans for Medical District 10 in 1980, some 83,270 or 11.2 percent resided in the Florida Panhandle. By the year 2000, this number will have increased to 101,450 or 14.2 percent of the total veteran population in Medical District 10. It is interesting to note that while the veterans population will increase in the Panhandle, the remainder of District 10 will experience a decrease.

Within the area are three urban or metropolitan statistical areas: Fort Walton Beach, Panama City, and Pensacola. The more than 35,000 veterans living in Escambia County must travel either to Biloxi Medical Center or to the VA Montgomery Medical Center. The travel distance one way is in excess of 100 miles. The more than 17,000 veterans residing in Okaloosa County presently must travel more than 120 miles one way for treatment at the VA Medical Center at Montgomery, the nearest facility. The more than 14,000 veterans residing in Bay County must travel more than 150 miles to Montgomery or to the VA Medical Centers at Gainesville and Lake City. A centrally located hospital in the Panhandle would bring the majority of Florida's veterans in that area within 75 miles of a health care facility.

The remainder of the Panhandles' veterans reside in four counties classified as rural. Some of the poorer veterans reside in these rural areas and are among those who can least afford private health care. A VA hospital is especially important for the needs of these rural veterans.

The need for a Panhandle hospital is well documented by the Veterans Administration's Medical District Initiated Program Planning (MEDIPP). It is imperative that all who are responsible for the health care of the country's veterans do everything possible to implement the MEDIPP as quickly as possible.

Mr. Chairman, this committee and the Senate Committee on Veterans' Affairs are considering a proposal to purchase Providence Hospital at Mobile, Alabama. The purchase is proposed as a way to meet the veterans health care needs in Medical District 10.

Proponents of a Mobile VA hospital ignore the all-important demographic facts and try to make a case for buying Providence Hospital on the basis of acquisition costs. Even if the hospital could be acquired as cheaply as the proponents suggest—and no one really knows what the costs to recondition the hospital to meet VA needs and standards would really be—the acquisition costs pale when compared to operational costs.

In complaining about the costs of building new VA facilities, proponents of a Mobile hospital fail to note that the $612,000,000 for all construction is only about 2% of the overall FY 1986 VA Budget. Proponents have pointed out that bed costs for new hospitals have averaged about $188,000 per bed in 1984. It should be pointed out that the cost of operating a medical bed for one year is $83,950 and $144,540 for a surgical bed. Even if the purchase of Providence Hospital would save $25 to $30 million as claimed, the savings would operate the hospital for less than two years and be a waste of VA resources in the long term. The continuing high hospital oper-

ating costs dictate that any new VA facility be located to serve the greatest need—Mobile is within 65 miles of the Biloxi VA Medical Center and would draw patients from Biloxi and Montgomery.

The veterans in Florida's Panhandle have long pleaded that the VA medical care system be made available to them in a meaningful way. It is time we recognized the need for a VA hospital and unite in the effort to meet that need.

Mr. Chairman, I want to again thank you for providing me this opportunity to comment on the need for a VA hospital in the Florida Panhandle.

Prepared Statement of Hon. Don Fuqua, a Representative in Congress From the State of Florida

Mr. Chairman, I appreciate the opportunity to testify as to the health needs of the veterans of northwest Florida. I believe the Veterans Administration, while recognizing the need, has not placed on this problem the emphasis that it deserves.

We have an excellent VA hospital in Lake City which is expanding and meeting the needs of many thousands of veterans. The fact remains, however, that there is no VA hospital between Lake City and Mississippi. This situation causes many veterans to have to travel hundreds of miles in each direction to receive care. It is my contention that the Veterans Administration should move rapidly to fill this void and place a fully-staffed hospital in northwest Florida.

There are reports that the VA is considering an Alabama site. I hope this is not the case because I feel that such action would be unwise. It simply is not that far from Mobile to the Mississippi hospital in relation to the great distances that must be traveled by the veterans in this area of Florida.

Thousands of veterans move into Florida each month and the many World War II veterans are now reaching an age where greater medical care is anticipated.

While this area of Florida may not have the dramatic increases in population of other areas of the state, the distance factor must be considered.

I understand and recognize the VA's position that hospitals need to be constructed around the nation and maintained for veterans who do not move to Florida. The fact is that some hospitals are underutilized while the hospitals in Florida are bulging with resident veterans and veterans who visit Florida and require medical care.

Mr. Chairman, our veterans need and deserve the best and this will be difficult in a time of extremely tight federal budgets. Construction funds for new hospitals will necessarily be limited. I do believe that the case for a new hospital in northwest Florida is overwhelming and deserves immediate attention.

The veterans of northwest Florida, no less than veterans everywhere, deserve consideration. I deeply appreciate your taking the time out of your busy schedules to be here today. Special appreciation is owed to Congressman Earl Hutto who has spearheaded the effort to obtain this hearing.

I know the witnesses today will lay before you the facts and figures clearly demonstrating the health care needs of our veterans. I know you will listen with a sympathetic ear. Once again, thank you for coming to hear our veterans.

Prepared Statement of Robert N. Winesett, Sr., Senior Vice Commander: Military Order of Purple Heart, Department of Florida

On behalf of all the members of the Military Order of Purple Heart for the Department of Florida it is a honor as the Sr. Vice Commander to speak with your committee on the very important subject that we will be addressing here this day. I personally consider it a personal honor, and I thank you for allowing our great organization the opportunity to express our thoughts.

The many problems confronting the veterans of this state are growing by leaps and bounds since we are the fastest growing state in veteran population in the United States. This in itself makes a big problem when the budgets of the various veterans administration hospitals in this state of which there are five have to live with a fiscal budget which has been prepared at the time, but in a very few days becomes out of balance with this tremendous growth which has not been addressed by the Veterans Administration and the United States Congress.

For many years now the various Veterans Organizations have addressed the subject of handling the funding of Veterans Administration hospitals on a more balanced level according to veteran population in a particular state. For example our own state which is not only the fastest growing in veteran population but a state which also has to deal with the Snowbirds as we call them who come to our state say for a period of six months, and receive health care at our hospital out of our

limited funding while the state from which they have temporarily come from remains at their same level of funding. I personally have visited some states in some of the Veterans Administration hospitals and seen people taken care of immediately while at the Florida hospitals are being turned away from care due to lack of funding.

While I personally feel that the Veterans Administration hospitals in this state are doing an excellent job with the funds they have, it still is not enough to cover the many who come for out-patient treatment as well as those who have to be admitted, and even then many have to wait for a period of weeks. I also find that most of our hospitals here in this state and especially the central part of the state are short on nursing staff, and accredited doctors which makes the care of the veterans less than satisfactory. If proper funding was made according to veteran population then I feel that this problem can be eliminated.

There is a serious need for more nursing homes in this area, and a serious need for a psychiatric hospital in this central Florida area and especially in the Gainesville area. None of the hospitals are at present equipped to handle this type of patient for any period of time.

With the large number of veterans who have now reached the age of 65 years or older, and many approaching this time in their life we are and should be able to handle the many health care needs that so many need, and at the present time this is a most difficult task with the present funding that we have in this state.

Mr. Chairman, the members of the Military Order of Purple Heart feel that it is time to quit playing political catch up with the veterans of this state, and make available the care that was promised each and every individual when they were called to the defense of this country. It is also time to show those young men and women who may be in the future called to sacrifice as all other veterans have that this country is ready to stand behind them if and when they should have to be called to protect us.

Mr. Chairman let me assure you and members of this committee that every veteran organization in this state is united in the cause for better health care for the veterans of this country. We have now for many months worked hand in hand with each other in our local government in making the state representatives more aware of the growing need of the veterans in this state, and we are willing to do likewise with our national leaders if only asked. We know the needs, and we are determined to see that those needs are met.

Mr. Chairman the Members of the Military Order of Purple Heart are strong in our recommendation when we ask that the Congress of the United States do something and now about the proper and more equal funding for the hospitals in accordance with their veteran population. This is needed now, and not later. We are equally strong in our commitment in seeing that more and proper hospitals are planned in the future to fit the growth. The need for a psychiatric hospital is a must, and the need for more nursing homes is of a serious nature.

Mr. Chairman, may we say in closing that no one is more aware of controlling the great deficit that we are now faced with than the veterans of this country, but we are not willing for it to be done on the backs of those who have fought and yes given their lives to preserve the freedom of this country. A freedom that so many seem to take so lightly. Much waste can be eliminated within the Veterans Administration by using better judgment in where hospitals are built or bought. It is most disheartening when one sees buildings being bought in areas where there is very little veteran populations.

Mr. Chairman here in Florida we have a Commission on Veterans Affairs, and every veteran organization in the state have either their respective commanders or other qualified person who sits on that committee or commission as advisors. Indeed that way the state learns first hand the problems confronting the veterans of this state. Such a committee on the federal level would be helpful. Too often the Congress receives the views of individuals that really do not represent the views of the veterans of this country. You must have that direct contact to understand the problems that are facing the veterans.

That completes my statement, Mr. Chairman. I again wish to thank you and members of this Subcommittee for allowing us this opportunity to express some of the views of the Military Order of the Purple Heart on these very important subjects.

REPORT OF VISIT
PROVIDENCE HOSPITAL
MOBILE, ALABAMA

1. PURPOSE

At the request of the Office of the Administrator, officials of the Department of Medicine and Surgery and the Office of Construction conducted a facility survey of the Providence Hospital on March 26 - 28, 1984. The purpose of this visit was to review the facilities of the Providence Hospital, determine the condition of the hospital, and consider its potential adaptability for use as a Veterans Administration Medical Center.

2. BACKGROUND

The Providence Hospital is an acute medical and surgical facility located at 1504 Springhill Avenue, Mobile, Alabama, 36652. The hospital is operated under the auspices of the Daughters of Charity of St. Vincent DePaul. Providence is currently in the process of constructing a new facility on Airport Boulevard several miles to the west of the present facility. The new Providence Hospital is expected to be completed and occupied in September 1986. At that time, the existing facility would become available for other use. The coming availability of the Providence Hospital has resulted in a proposal that the VA establish a medical center at the Providence location. This proposal has wide support within the community from veterans organizations, elected officials and other civic leaders. As a result of this interest, the VA agreed to visit and inspect the facility. In Mobile, VA representatives were given a comprehensive tour of the facilities and provided with drawings and other technical information. The VA team also held discussions with a variety of community leaders including the Mayor of Mobile, representatives of veteran service organizations, the President of the University of South Alabama and the Dean of the Medical School.

3. FACILITY DESCRIPTION

The Providence medical complex is comprised of a main hospital building of approximately 440,626 gross square feet, an adjacent School of Nursing of approximately 69,064 gross square feet and an employee residence of approximately 9,850 gross square feet. The complex is situated on a 15.3 acre site including paved parking for 1,000 cars. The hospital is accredited by the Joint Commission on the Accreditation of Hospitals. The entire complex is offered to the Veterans Administration for $24,000,000. The price does not include equipment items; however, we were advised that much of the equipment could be negotiable. The main building was constructed in four phases:

1952 Wing	158,818 square feet
1965 Addition	32,216 square feet
1972 Addition	156,267 square feet
1982 Ancillary Wing	97,325 square feet

The hospital is presently providing 349 beds for acute medical care and 34 additional stations for renal dialysis treatment.

Report of Visit, Providence Hospital, Mobile, Alabama (Continued)

A. Support Systems

1. Pneumatic tube communication system to all major departments.
2. Medical oxygen, vacuum and nurse call in all patient rooms.
3. AT&T Dimension telephone system in all rooms.
4. Television hookups in all patient rooms.

B. Clinical Support

1. Large laboratory service.
2. Large pharmacy service.
3. Expanded radiology department, including radiation therapy.
4. Cardio pulmonary lab and respiratory therapy department.
5. Outpatient surgery department.
6. Small rehabilitation medicine service.
7. Surgical department including eight operating rooms, two cystoscopy rooms, one special procedure room, and one laser therapy suite.

C. Education Support

1. Twelve large classrooms of 300 net square feet and above.
2. 300 seat auditorium.
3. 2,100 square foot library.

D. Administrative and General Support

1. Institutional sized kitchen, capable of producing 4,000 meals per day.
2. A 175 seat employee cafeteria.
3. Eight spacious lobbies and waiting areas.
4. Gift and coffee shop.
5. Computer and word processor linkages between major departments.
6. Administrative suite and offices throughout the building.
7. Warehouse with dock and freight elevator.
8. Two large maintenance shops with storage areas.
9. Laundry facility.

In addition to the main hospital building, there is a five story, 120 bed School of Nursing, with a library and conference/classroom space. A two story 13 bedroom employee residence with three car garage is also included in the parcel.

4. FACILITY CONDITION

A. Architectural

(1) Space and Functional Analysis: The nursing units are comprised of one and two bedrooms with private and shared bathrooms and toilets. The bathrooms do not meet VA criteria for handicapped accessibility. The bedrooms are comparable in size to VA

Report of Visit, Providence Hospital, Mobile, Alabama (Continued)

hospital bedrooms. The ward designs are acceptable but do not contain the same support functions as VA nursing units. Education space is more than adequate for VA purposes. Outpatient and Ambulatory Care space is minimal and would require expansion to meet VA standards. Existing support services such as Radiology, Pharmacy, Laboratory are adequate in size but may require expansion depending on program needs. Rehabilitation Medicine would require expansion to meet VA program needs. There are other programs such as Dental Service, Speech Pathology and Substance Abuse that would require space not presently in the program at the Providence Hospital. The surgical suite is comparable to the VA design and would not require any additional space.

(2) Floors: All floors throughout the main hospital building are either vinyl tile or carpeted. All floors are well maintained and in good condition.

(3) Ceiling: Most ceilings in the hospital are the "lay-in" type with the exception of surgery and other areas requiring plaster. All ceilings are in good condition.

(4) Corridors: Most corridors throughout the hospital are either seven (7) or eight (8) feet in width and are equipped with handicapped rails.

(5) Ramping for the handicapped between old and new wings is steeper than the national standard.

(6) Most partitions are of gypsum board construction and well maintained through routine painting.

(7) All bedrooms have at least one window and natural light seems adequate.

B. Mechanical

(1) Steam System

(a) General

(1) The boiler plant has two Murray high pressure steam water tube boilers rated at 20,000 pounds of steam per hour each. The boiler can be fired on natural gas or No. 2 oil. Gas is considered the primary fuel. Two 10,000 gallon oil storage tanks provide fuel for standby operation.

Report of Visit, Providence Hospital, Mobile, Alabama (Continued)

(2) The boiler plant is complete with all auxillary equipment including boiler controls, condensate storage tank, condensate transfer pump, feedwater deaerator, feedwater pumps, and a fuel oil pump. There is a masonry stack extending the full height of the building.

(3) The steam is not metered. However, hospital personnel report one boiler can handle the normal steam loads. The second boiler is available for standby operation. The two Murray high pressure steam boilers were replaced as part of the 1972 building addition. The deareator and boiler feed pumps were also replaced at this time.

(b) Distribution System

(1) Steam is distributed at 125 psig pressure and reduced at local pressure reducing stations as required. Steam condensate is collected in each building and returned to the boiler plant by pumped condensate return systems.

(2) The steam distribution system provides steam to the kitchen, laundry, sterilizers, various building heating systems, humidifiers, domestic hot watear heaters and the steam turbine chiller.

(3) With the kitchen, laundry absorption chiller, and steam turbine chiller in operation, the summer steam loads may exceed the winter steam loads.

(2) Chilled Water System

(a) General

(1) Chilled water for the HVAC systems is provided by five water chillers. The five chillers are located in the following four areas of the hospital:

(a) A 250 ton Carrier chiller (1952) driven by a Worthington steam turbine (1952) and a 600 ton carrier centrifugal chiller (1972) are located in the boiler plant.

Report of Visit, Providence Hospital, Mobile, Alabama (Continued)

(b) A 125 ton Carrier centrifugal chiller (1952) is located on the Ground Floor of the 1972 addition.

(c) A 225 ton Trane absorption chiller (1974) is housed in a prefabricated steel building located in the courtyard north of the boiler plant.

(d) A 400 ton Trane centrifugal chiller (1982) is located on the Ground Floor of the 1982 addition.

(b) Distribution System

(1) All of the chillers, with the exception of the 400 ton chiller located in the 1982 addition, serve a common primary chilled water loop. Secondary piping systems provide chilled water to each of the buildings.

(2) Each chiller has a condensing water system consisting of a cooling tower, condenser water pump and related piping.

(3) Heating, Ventilating and Air Conditioning Systems

(a) General

(1) The existing Providence Hospital was constructed in several phases. The oldest wing of the hospital dates back to 1952. Other major additions were added in 1959, 1963, 1972, and 1982.

(2) Several types of heating, ventilating and air conditioning systems have been applied to each of these buildings.

(4) Mechanical Comments

These comments are based on a preliminary inspection of the physical plant. (If the Veterans Administration were to acquire the existing Providence Hospital an in-depth study of the existing systems would be required.)

(1) Boiler Plant

(a) The existing plant appears to be adequate in capacity for existing loads.

Report of Visit, Providence Hospital, Mobile, Alabama (Continued)

(b) Major deficiencies:

(1) Lack of instrumentation to cover steam output, burner performance, combustion efficiency.

(2) Lack of boiler properly sized for off season (summer) loads results in inefficient operation. There is no space in the existing plant to add a summer boiler.

(3) Tne boilers are located below grade, contrary to VA Criteria. Maintenance and operating space around the boiler is surely restricted.

(4) Due to lack of instrumentation, the capability of the plant to handle load increases is unknown. Load increases could arise due to changes in HVAC or other systems.

(c) A new boiler plant is recommended. It is not practical to modify the existing plant because of space restrictions and location problems (below grade).

(2) Chilled Water System

(a) The steam turbine driven chiller, located in the boiler plant, is inefficient and should be replaced.

(b) At the present time the operating rooms are served from the primary chilled water loop. A dedicated chiller on the essential power system should be provided for the operating rooms.

(3) Operating Rooms

(a) Air distrib;ution in the operating rooms does not meet current VA Criteria:

(1) All air supplied to operating rooms should be delivered from ceiling outlets.

Report of Visit, Providence Hospital, Mobile, Alabama (Continued)

(2) All exhaust air from the area shall be removed near floor level with at least two outlets.

(3) Stainless steel duct work shall be in accordance with VA Criteria.

(b) Operating rooms require individual terminal humidity control. The existing humidifiers at Providence Hospital have been disconnected.

(4) Supply, Processing and Distribution

(a) All duct work from the sterilizing equipment should be stainless steel.

(b) A dedicated exhaust system with stainless steel ductwork must be applied to the ethylene oxide sterilizers.

C. Electrical

(1) Primary and Secondary Distribution Systems

(a) There are two incoming underground services supplying electric power to Providence Hospital. The preferred line comes in at 22 KV and stepped down to 4.16 KV. The other is 4160 volt with two 2500 KVA transformers; the standby line comes in at 4.16 KV.

(b) The power is distributed through a line-up of 5 KV fused load interrupter switches and, then goes underground to a 1500 KV padmounded transformer and two transformer vaults.

(c) The 1500 KVA padmound transformer serve the new addition (ancillary wing) with 480/277 volt. The two transformer vaults with exposed 5 KV switches and two banks of single phase transformers each (1500 KVA, 700 KVA) (100 KVA, 500 KVA) serve the older buildings with 480/277 volt and 208/120 volt.

(d) Although the new addition meets the latest code the older buildings should be upgraded and the following proposals are recommended:

(1) Replace the primary fused switch line-up with walk-in switchgear.

(2) Run additional primary feeders to areas where required.

(3) Replace exposed 5 KV switches with enclosed type selector switchs were required.

(4) Replace all single phase transformers.

(5) Replace and relocate old secondary switchgear to a longer room because it is impossible to remove defective equipment out of this room due to the fact that an added section of switchgear was built right at the entrance of this room.

(6) Replace old panels.

(7) Replace wiring in areas where green grounding conductors do not exist and replace conduit if necessary.

(2) Emergency Power

There are two 600 KW generators serving the older buildings which include ICU's and operating rooms. Both generators can be selected to serve the critical loads. In addition, there is one 325 KW generator serving the Ancillary Wing. This system is divided into Life Safety, Critical and Equipment branches.

(3) Fire Alarm

(a) There are two non-coded fire alarm systems in good working condition. One serves the Ancillary Wing and the other serves the older buildings.

(b) The two fire alarm systems should be incorporated into one system and upgraded to a zone-coded PNIS System as required by the VA.

(4) Elevators

(a) There are two, three and four banks of elevators in the hospital. The bank of three elevators were installed in 1982 and the other banks were installed along with each addition.

(b) All of these elevators appears to be well maintained and in good running condition.

(c) There is also one small elevator in the School of Nursing.

Report of Visit, Providence Hospital, Mobile, Alabama (Continued)

D. Safety

A fire safety specialist did not participate in this visit and it is recommended that a detailed analysis using the Fire Safety Equivalency System be conducted as part of any further assessment. The JCAH report has noted deficiencies in door louvers and transoms and in duct penetration of smoke stop partitions.

E. Structural

(1) The existing Providence Hospital and the structural additions were designed for lower live loads then the current VA design.

(2) Any future use of the Providence Hospital for VA purposes would require careful coordination of the proposed functional areas with the load bearing capability of the existing structural framing.

4. CONCLUSIONS:

The VA team concluded that the Providence Hospital is well maintained and in generally good condition. The newest construction is in excellent condition. As indicated previously, the hospital would require certain modifications if a VA medical center were to be established. It would be difficult at this time to estimate the cost of these modifications without the establishment of a service level and space program. The team has not attempted to do so. It is the team's belief that if a programmatic determination were made to establish a VA medical center in Mobile, the Providence Hospital could be adapted to serve in this role. A detailed analysis would be needed to determine the cost of modifying Providence and thus the true cost of acquisition.

ROBERT L. NEARY, Jr.
Director, Facility Planning Service
Department of Medicine and Surgery